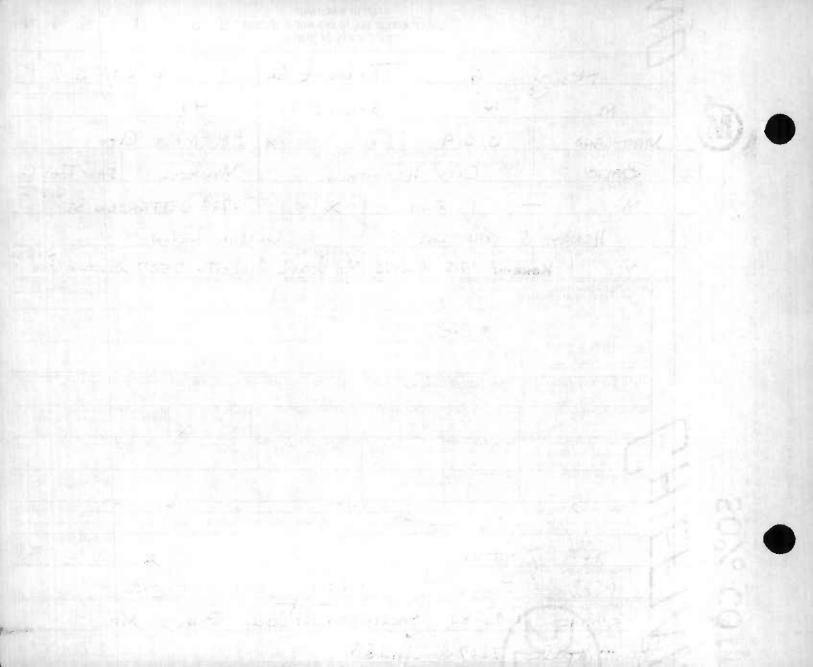
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DHMH - 16 50M 7/77 (VR A 15 (4))		INERAL DIRECTOR LLIAM REESE & S	Anna	no lagoess 1	V/A			EC'D. BY REGISTRAI		R'S SIGNATU	
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and within	14. FA	THER'S NAME FIRST HENRY	J. TRABER		15. MOTHER'S MAIDEN NAM	MAN LEV		LAST
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DIVISION C DING PHYSIC or attending a ster this cer e as the burion alth and Ment manked or flee	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
0 0 % 8 B E		22a. I certify the D (this hasping saw the deceased alive an above.	1/23	0.7	7.3(85, 19	to t Z	ote and hour and fro	, that (I) (we) lost im the couses stated
Che he		22b. SIGNATURE	Ref 100		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ I	DATE SIGNED
TO HOSPITAL OR ATTER retained by the hospital TO FUNERAL DIRECTOR should be detached for u with the State Dept. of H IMPORTANT; if hem 21 is		22d. PHYSICIAN'S NAME (TYPE O	Pernet Bernet		27. ADDRESS 4940 C	when A	we	
₽ ₱ ₽ ₩ \$ \$ ***		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE 1-26-82	23C NAME OF C	HEARTOF JEST	236. LOCATION BALT	TO. M.D.	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 (NERAL DIRECTOR NAME VALUE VALU	- 7527 HADDRI	Toll	S. JAI	N 251983	25b RSGISTRAR'S SI	Gheer Cherry



OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7		REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO		
		CEASED NAME	FIRST	A	MIDOLE	ŧ.	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
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DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME

1/24/83

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ADDRESS March F/H Inc

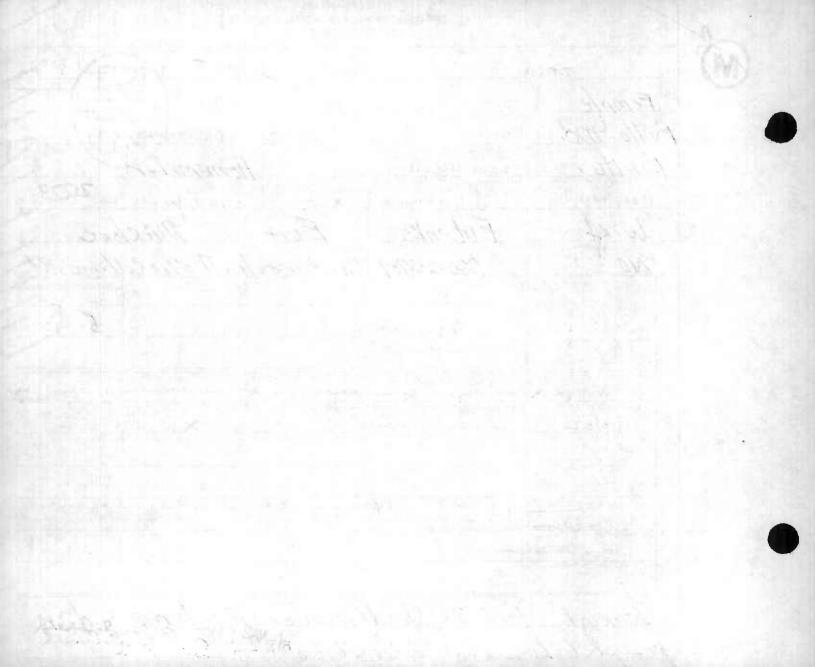
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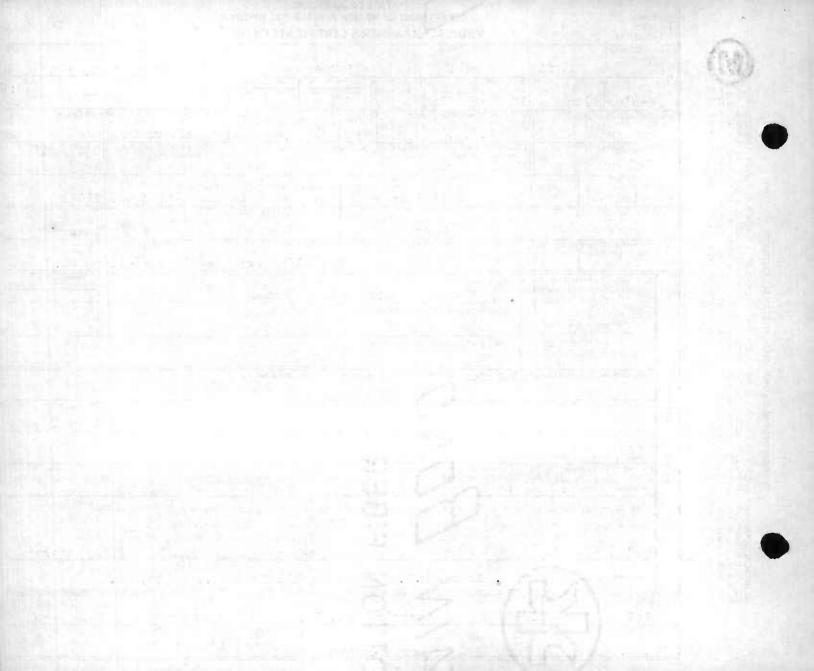
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			Rober	t Nude	elman,	M.D).	c/o Ma	aryland	Gene	ral H	ospit	al		
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DHMH - 16 50M 4/82 (VRA 15, 4)

Mount Zion Cem.

74 FUNERAL DIRECTOR
Wm. C. March F/H Inc. 1101 F North Ave 25 DATH 2 D8 1983 PAR 236 FEGSTRARS OF CHILLIA

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SECIAN T rig physici certificate central tryg	CAL CERTIFICAT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	216. HOW INJURY OCCURR			
NG Pho other this of the b	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM ETC)	21t. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
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O HOSPITAL Trained by 11 O FUNERAL hould be det whost the State	8	DR. G.	SHAH.			HOSPITAL	- BALTIMORE	mo.
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Chas A. Rice	FSPA 1300 E	utaw 1	144	REC'D. BY REGISTRAR	251 REGISTRAR'S SIGNASI	hilf

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FOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

HOURS.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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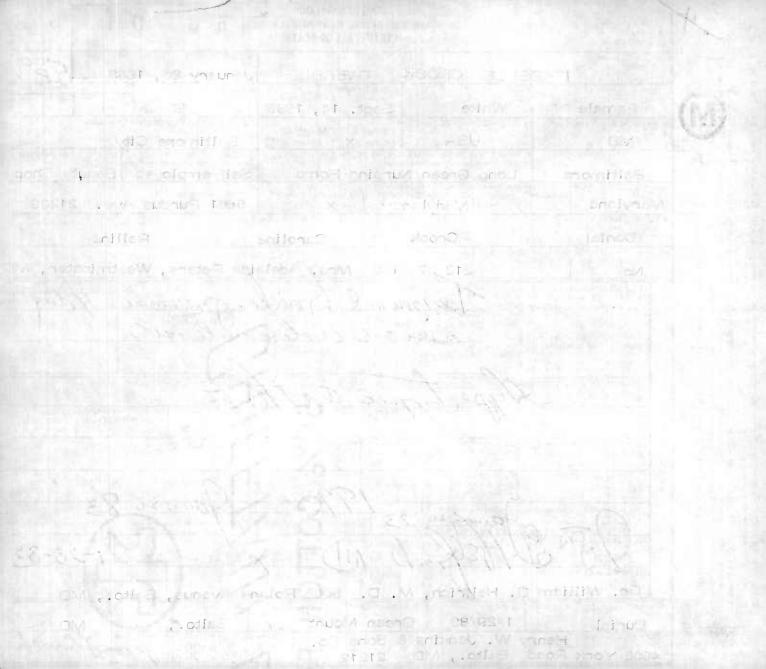
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DIVISE	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	01 W. PRESTON ST., B	ALTIMORE, MARYLAN	D 21201		
OSPITAL OR ATTENDING PHYSICIAN: The le ed by the hospital ar attending physician.	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 m ed by the haspital or attending physician.	that the death certifica	ate be executed within 2	4 hours after	death. Page	4
UNERAL DIRECTOR: After the	UNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the furnical director of de detached for use as the burial-transit permit. Then please remove carbonpapers Pages Tand 2 shauld in this color of the color	d by the attending phy ease remave carbanpa	sician and campletely fill pers. Pages Tand 2 show	ed in by the i	onerol directs hin 72 hour	

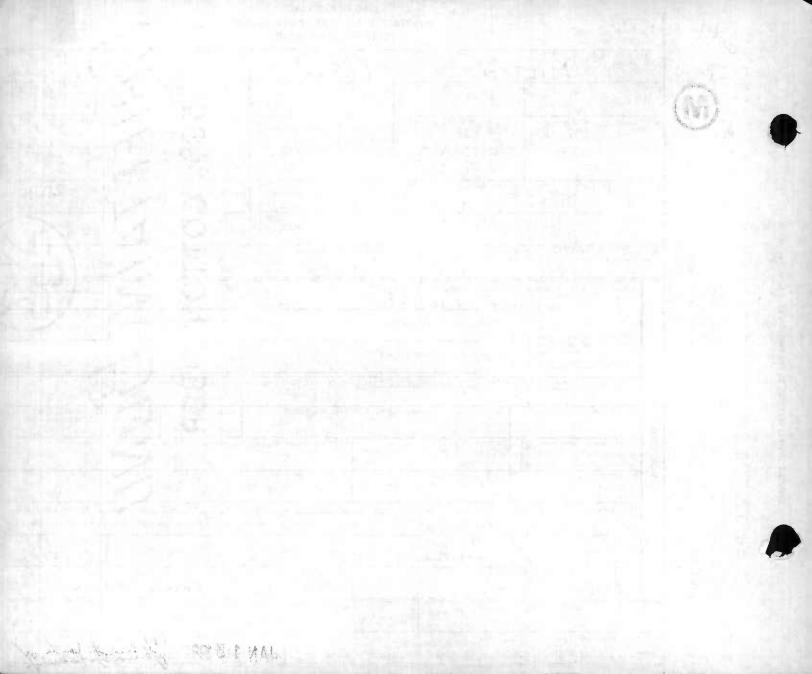
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS EFRE E TYTTLE 15 83 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS MONTH MONTHS DAYS YEAR 95 XLS 24 87 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE WHAT COUNTRY? ATE OR FOREIGN COUNTRY MARRIED NEVER MARRIED BALTO . CITY DIVORCED 126. KIND OF BUSINESS OR HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY WITHERAN HOSPITTAL SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 14. FATHER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO ORWHENOWN) HE YES, GIVE WAR OR DATES) 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: INSUFFICIENCY REMIRATURY IMMEDIATE CAUSE (0). DUE TO OR AS A CONSEQUENCE OF PERSIS Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last e/o intre-strangerial pathology AMONIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1162 MILD RENAL PAILURE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 5 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) rked NOT WHILE 220.1 certify that (this hospital) attended the deceased from. 19 824 saw the deceased alive on , and that in (pr) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we (did) (de not) view the body after death. 276 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORT at the FLORES Lutlevan Hos 23¢ NAME OF CEMETERY OR CREMATOR 230 BURIAL CREMATION REMOVAL 236 DATE CITY OR TOWN REC'D. BY REGISTRAR 25b. DHMH - 16 50M 1/B1 (VRA 15, 4)

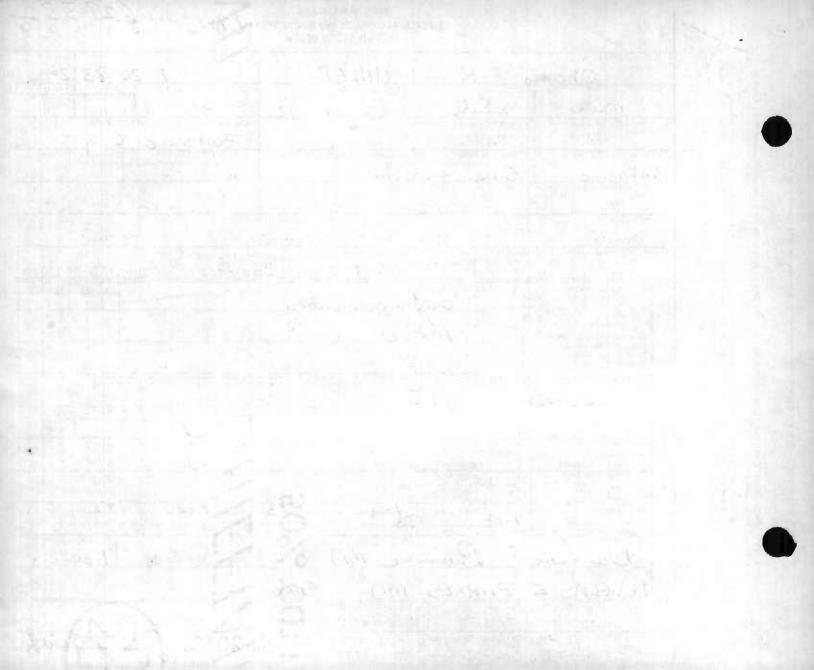
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1	1 -	STATE REGISTRAR			DET		FICATE OF DEAT		REG.	NO.		-
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	3. SE			RACE			OF BIRTH	6.	AGE (IN YEARS LAST	BIRTHDAY) IF L	UNDER I YEAR	IF UNDER 24 HRS
BA		Female		Whi	te	Ser	ot. 14, 18	889	9	OS YRS.	NTHS DAYS	HOURS MIN.
IAI		RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUN	TRY2 8	D NEVER MARRI	_ 9	BALTIMORE CITY	OR COUNTY OF	DEATH	
~ 3		MD		U	JSA	WIDOW			Baltimo	ore City	/	MD
	10. CI	TY OR TOWN OF DEA	тн 11		HOSPITAL, NU		OR OTHER INSTITUT		2a USUAL OCCUPA	TION		BUSINESS OR
70		Baltimor	е		_		ng Home		Self-emp	_		y Shop
4 4	130.5	AL RESIDENCE (IF NURS	NG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	113d. INSIDE CITY LIV	IMITS?	STREET ADDRESS			
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and a	14. FA	THER'S NAME	44.15	DDIE	LAS	,	15. MOTHER'S MAI	IDEN NAME	WIDDLE		LAST	
300		Daniel	WIL	VULE	Cro		Caro	oline	MIDDLE	Roll		
icol		VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL	SECURITY NO.	17. INFORMANT	= 2	ADD	RESS		31,150
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- ž		18. CAUSE OF DEAT	H (Enter only	one couse per	Later (o), (b	b), and (c).1	2	1				NATE INTERVAL NISET AND DEATH
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ws o	IFIC			00		,			YES NO IN	11.11.000000000000000000000000000000000	NG CAUSES	OF DEATH?
ygie	CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C	F INJURY	- CONTRACTOR - CON	21c. HOW INJURY	OCCURRE	(ENTER NATURE OF IN		hand	140
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o pa	ME	WHILE M NOT WH				FFICE, FARM, ETC)	STREET		CITY OR	IOWN	COUNTY	STATE
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3 3 1		BURIAL, CREMATION,					CEMETERY OR CREM		23d LOCATION			
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	24 FI	JNERAL DIRECTOR	Henn					25e. DATE	REC'D. BY REGISTRA			
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	REGISTRAR	MI	EDICAL EXAM	INER'S		OF DEATH	REG. NO.	
	ECEASED NAME FINIT		Wibbig		CAST	2n. DATE KN	OWN IX HON	THE DAT TEAR
1	Trac	-v	Α.	T	vler	DEATH M	ATED [1-31-1983
1.58		5. DATE OF BIRTH	S AGE IN	TEMS IF UN	NDER 1 YR. IF UNDER		WOW	TH DAY YEAR
M	lale Black	May 13		YRS.	HS DAYS ROURS	MIN PRONOUNCE DEAD	0	1-31 19 83
74.1	BORTHPLACE (STATE OF	7% CITIZEN OF V	VHAT COUNTRYT	10	IED NEVER MARK	V. BALTIMOR	E CITY OR CO	UNTY OF DEATH
Ba	Ito., Md.	L	ISA	WIDOW	The state of the s	ED D B	altimor	e City
Name of Street	THY OR TOWN OF DEATH	11: NAME OF HO	SPITAL NURSING HO	ME. OF OTH		The USUAL OCCUPAT	ION (Tire of wo	HE THE KIND OF BU
1	Baltimore	Mer	Mercy Hospital romanitorwoman or industri					
	IAL RESIDENCE IF HIRUSING HO		13c. CITY OR TOWN	піском)	TOTAL INSIDE CITY LIMITS?	In creer apparer		21210
139.	Md.	JUNIT	Balto.		YES & NO [4312 Norfe	olk Ave.	. 2216
14.1	FATHER'S NAME				15. MOTHER'S MAID	EN NAME		TATE
M	lose	WOOLE	Tyler		Hattle	MOD.		SAIT
160	WAS DECEASED EVER IN U.S.		IAL SOCIAL SECU		17. INFORMANT		ADDRESS	
	(F YES, NO, OR UNKNOWN)	GNE WAR OF DATES)	- M		Clara Col	leton 4312	Norfoll	k Ave.
H	III. CAUSE OF DEATH (Enter	r only one course per li	on for toll the mod feet					APPEDXIMATE BETWEEN ONSE
1	PART I DEATH WAS CAL	JSED BY						BETWEEN ONSE
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1	7737	1 / O TO COMPANY SERVICE	R AS A CONSEQUENC	LE OF				
	Canditions, if fony, wh							1000
	gave rise to immedi cause (a) stating the und		R AS A CONSEQUENC	E DE				
	lying cause last		in no n consequen					
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Z								
15	19s DATE OF OPERATION	THE CONT	DITION FOR WHICH O	PERATION W	VAS PERFORMED?	10 (230)		20. AUTOPSY
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		Carlot Manager Co.	Contract of the Contract of th	EAR				
MEDICAL	THE INJURY OCCURRED	27e. PLACE	OF INJURY (AT HOME		CATION			
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	death resulted from: N	latural enuses X./	Accident .	Swicide	Hamitide	Undetermined mann	et .	
	/ -	///	MY	Wall I	TITLE (SPECIFY)		- C-	
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1	SIGNATURE	MONTH.	- Mar	1 "	ve nebuly C	h i dwedical examin	ER SK	GNED 1-31-0
	EXAMINER'S NAME	5 6				Dann Clus-L	D-1+:	mara Ma
1			mith, M.D.			Penn Street	, Baill	more, Ma.
	BURIAL, CREMATION, REMOVA	2/4/83	Z3C NAME OF	JBURN	OR CREMATORY	23d. LOCATION CITY OR TOWN	1.1	COUNTY ST
	FUNERAL DIRECTOR	2/4/83	Mt.		Cem IZER DATE	Balto REC'D. BY REGISTRAR	VId.	P'S SIGNATURE
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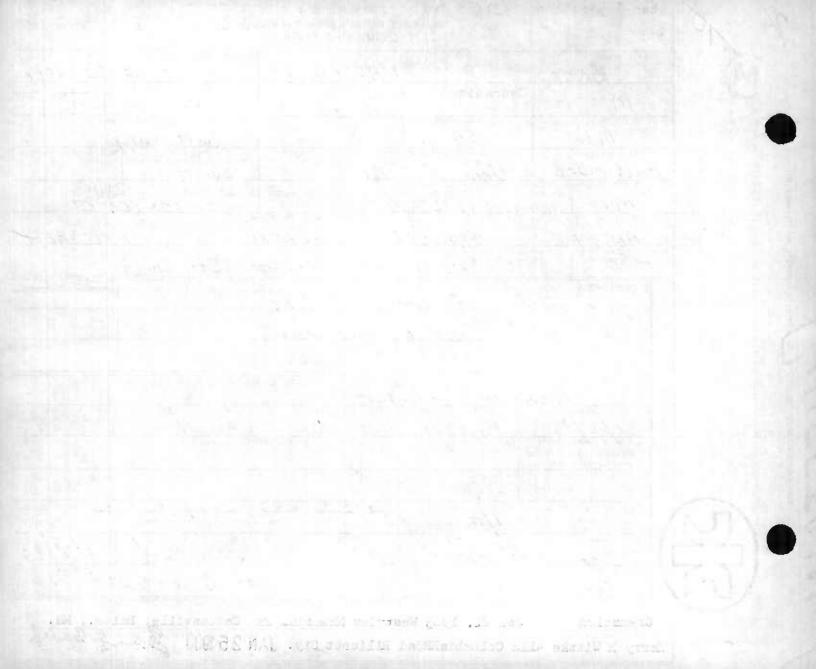




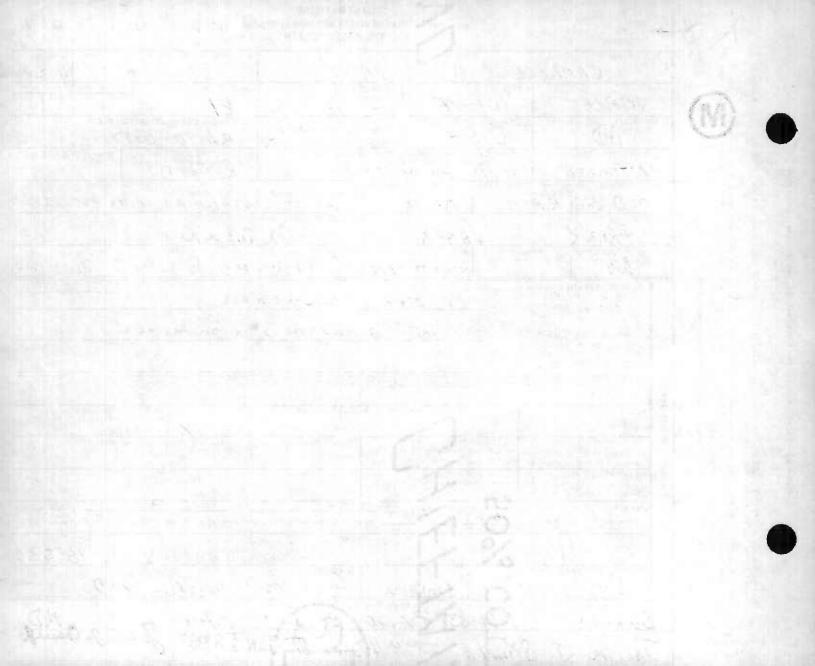
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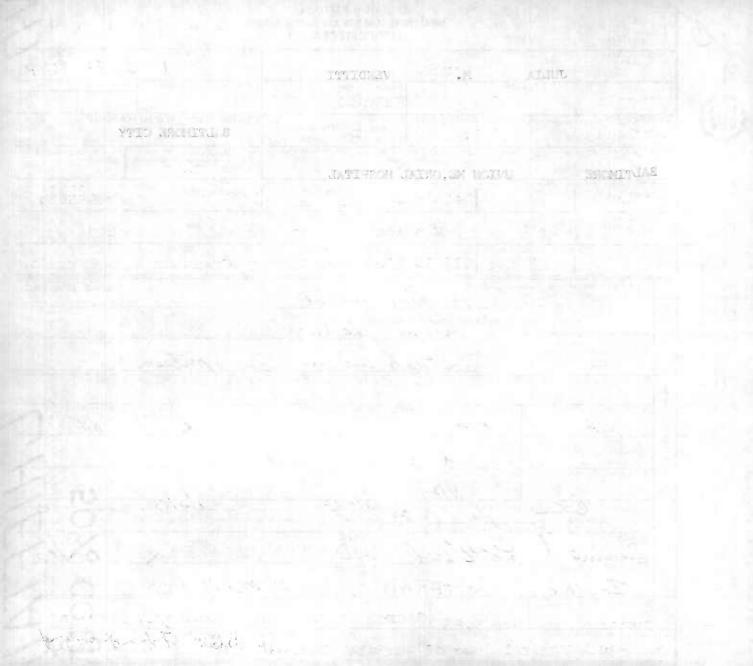
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7			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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	deort		md.	USA	WIDOWED DIVORCED	Balt Cit	y MD.
	The wife te	Je CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120°	d in d in	USU/ 13a. S	TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM 134. CITY OR TO		13e STREET ADDRESS	21043
N N	filled filled		Md. Ho.		COTT YES NO	10031 FOX OL	EN CT
RYL	Thine State	M. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
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IWO	Page .	1	The state of the s	213 32	1044 Admissi	on Cata Shee-	
SALT	sicio spers ol.		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b),	and (c).)		BETWEEN ONSET AND DEATH
=	phy an po emov		PART I. DEATH WAS CAUSI		ratoria Failure		
NO	ding orbc or re		5160	DUE TO, OR AS A CONSEO	UENCE OF		
ESTC	deot ove fion, aum		Conditions, if ony, which	((b) Aluen	1 n 1.		
<u>or</u>	the of the cemore emo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		
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, 20	and burso burso ly, as		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART Ita
RDS	The The injurience	CERTIFICATION	Res	piratory Int	cction		
ECO	aw re beer rmit. prior ony i	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
AL R	The laction.	TIFE	1/5/83	Alveolor	Protienosis	YES NO YES	NO 🗌
Y.	ZASOIS	CER		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
9	SKCIA ng ph certifi certifi entol	CAL	OR CONTRIBUTING CAUSE OF DE	eein .	19		
<u>o</u>	HY dir or	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211. LOCATION	CITY OR TOWN	COUNTY STATE
IVIS	After the os the olth one morked	Σ	AT WORK AT WORK	(Al Home, Singer, Incroke, Office			
۵	A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (this hosp	pital) attended the deceased from		10	9_83_, that (I) (we) lost
	Pitol Pitol JTO for of H		sow the deceased alive of above, (1) (we) (did) (did)	not) view the body ofter death.	83, and that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
	OR A DIREC Sched Dept. f Item		226. SIGNATURE	11/1/	DEGREE		The DATE SIGNED
			Menne	the Ihrh	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/18/83
	HOSPITAL ned by the FUNERAL side be det the State ORTANT:		200 PHYSICIAN'S NAME ITYPE	OR PRINT	22e ADDRESS	41 0	C+ /
	- 0 - 0 - 0	1	Kenneth	rock	22 50	uth Greene.) (
1	0 a 5 a ₹ ₹ ₹	23o. E	BURIAL, CREMATION, REMOVA	L 23b DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
164	BP		Cremation	Jan 21, 1983	Westview Memorial P		alto., Md.
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	(VRA 15, 4)	HE	rry"H Witzke 4	HILZ Columbia 180	ad Ellicott Cty. J	414 2 3 1300	



18	-}	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.				
y be	(TYPE	CARRO	ic Wi VI	ASEK.	20. DATE OF DEATH	1. 16 8.	7 007 111
	3. SE)	MALE	4. RACE S. DATE OF BY		6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN
deoth deoth	2	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.H. WIDOW		9. BALTIMORE CITY O	- city	MD.
urs after hilby the filed will	13	ALTIM ORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (I'R NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SAM ARZ 'TAN R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		12a USUAL OCCUPATION (TYPE OF DORK FOR MOST OF WORKING LIFE) INDUSTRY		
in 24 ha	13a. S	m D2/213 BA	TY 13L CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	3. STREET ADDRESS 2841 MA	YFIELD 4	Ave- 21213
complete)	FRANK	MIDDLE VASET	FIRST UN	KNO W PO	Ecc.	LAST
on and co	16a. V	VAS DECEASED EVER IN U.S. AR. TES NO R CHKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECURITY NO. 216 - 12 - 0329	J. INFORMANT S. Dhiller		S. Hosp.	BOULD MD PPROXIMATE INTERVAL WEEN ONSET AND DEATH
equires that the death in signed by the attend. Then please remove carr to burial, cremation, cinjury, ar other trauma	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT				RT 1(o)
icion. the low region. the hos been sit permit. regione priors shows any	CERTIFICATION	98. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
certifica certifica priol-tra cental Hy frem 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	RT 2)
After this e os the bu alth and M marked or	MED	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUN	ITY STATE
haspital or RECTOR: A hed for use spt. of Heali tem 21 is mo		22a.1 certify that (I) (this haspital) attended the degeased from 12-17-82, 19, to 1-16-83-, 19, that (I) (we) lost sow the deceased alive an 1-16-83 (415-19), and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
F Pool		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-16-83					
TO HOSPITAL eroined by fl TO FUNERAL should be det with the Stote	22d. PHYSICIAN'S NAM (TYPE OF PRINT) 22d. PHYSICIAN'S NAM (TYPE OF PRINT) 22d. ADDRESS 7'S. HOSP. Ballo - MD						
BP		BECIFY RIAL	1-19-83 BALTE	EMETERY OR CREMATORY	23d. LOCATION BY OR TOWN	COUNTY	MD.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FL	THOMAS J.	SKAPDA 2829 H	UDSON ST. JI	W T 8 1983"	25h REGISTRAR'S SI	MACHINELY





-21	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	VINES	2a, DATE OF DEATH MONTH	9 83 206 PM
3. SI	emale	BIACK	5. DATE OF BIRTH MONTH 12 - 23 - 12	6. AGE (IN YEARS LAST BIRTHDAY) 60 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
W) B	ARTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT BALTIMORE	Y OF DEATH ITY MD
10.0	BALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIA	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING LI HOUSE WIFE	12b. KIND OF BUSINESS OR
USL 130.	JAL RESIDENCE (IF NURSING HOME STATE 13b. COI			130 STREET ADDRESS 100 S	34. 21218 34. Balfind.
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medic	WAS DECEASED EVER IN U.S. A (YES, NO OF UNKNOWN) (IF YES C	ARMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPER	4511 Sylvester	VINES 1608 (Chilton Street
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ther troumotice	2500 Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF ASCESS		Mo
ry, or other troumotic	gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		yes
NO N	PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 100
8 shows ony injur	12/29 -8	82 ABCES	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	BEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rked or Item	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
If hem 21 is morked or hem	sow the deceosed olive	pital) ottended the deceased fram on 1 - 9 19 not) view the body ofter death.	12 - 27 , 19 82 83 , and that in (my) (our) opinion	deoth occurred on the dote and ho	19, that (1) (we) lost ur and from the couses stated
T. F frem	22h SIGNATURI	is female	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1- 9- 83 ,
MPORTANT: H	22d PHYSICIAN'S NAME (TYPE	PERRARI.	UNION MEMO	ORIAL HOSPITAL	
23€.	BURIAL, CREMATION, REMOVA	1-14-83 B	NAME OF CEMETERY OF CREMATORY	23d LOCATION SITYOR TOWN BATTIMENE	MANYANDIATE
4/82	UNERAL DIRECTOR	Specia /63 9999	· Broadway 250, gg	FREC'D. BY REGISTRAR 256 REGIS	

STATE OF MARYLAND

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35	-			REGISTRAR			CERTII	ICATE OF DEATH	REG. N	Ю.		
6	Lan			CEASED NAME () FIRE	awn Ma	MIDDLE HO	ster Wa	ast	26. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1	Mile				wn	Mari		Rowis	Jan 2	5 198	3	11.07
1			3. SE	Care Print	4. RACE		S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY) IF U	NDER I YEAR	#F UNDER 24 HRS HOURS MIN.
	ecto rs of	84-1		Female	Whi	te	Feb	15. 1929	53	YRS.	NS DATS	HOURS MIN.
6	P G	87 -		RTHPLACE (STATE OR FOREIG	N 76. CITIZEN	OF WHAT COUP	VTRY? B	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF	DEATH	
	n 72	الح الح		irginia	U.S	.A.	WIDOW			more C		MD
- 1	within	P		TY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	126. USUAL OCCUPAT	ION 1	26. KIND OF	BUSINESS OR
500	by th	333	П.	Baltimore	-	SUCH FACILITY, GIVE		ma Haanika	Homemak		NDUSTRY	
212	in b	pe	USU	LESIDENCE OF NURSING HOTATE	OME OR OTHER INSTITUT	ION, GIVE RESIDENCE	BEFORE ADMISSION)	ns Hospita		72	7	11/1/2
9 - 3	Should be	25	138. 3	Md.	A.A. Co			13d. INSIDE CITY LIMITS?	7881 W	B & A	Rd.	1144
1 m	2. sho	De	14. FA	THER'S NAME				15. MOTHER'S MAIDEN N	IAME	D 00 11	II.C.	
AR	on Mari	050		Baker	MIDDLE	FOG	ter	Lucy	MIDDLE		Wrig	h+
" (J)	100	0	16a V	AS DECEASED EVER IN U.	S. ARMED FORCES		SECURITY NO.	17 INFORMANT	ADDR	ESS	WIIE	116
BALTIMORE, MARYLAND 2120	oges oges	redicol			ES, GIVE WAR OR DATES		6 3355	Debra Wage	onon gomo	20 13	0	
E LA	Sec Const	be a						Inenia wage	ener same	as 13	e APPROXIM	ATE INTERVAL
8	hysic	ovo		18 CAUSE OF DEATH (En PART), DEATH WAS C	AUSED BY:	per line for (a), (P1)10	PUL MONA	RY ARRE	557	BETWEEN ON	ATE INTERVAL
TS -	d bu	L eve		1809 IMM	EDIATE CAUSE (0)	CA	121110	OL MONF	INT MEN	7 31		
NO.	endir cori	n, or			DUE TO	OR AS A SON		FAILURE		8.77		
RESI	otto nove	10010		Conditions, if any, whi		R	NAL	FAILURE				
W. PRESTON ST	the ren	her			he DUETO	OR AS A CON	SEQUENCE OF	ATTZ CERU	1	KEP		
	d by	or of			_ (c)							
S, 2	en p	77.	7	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	IDITION GIVEN I	N PART 10	
DIVISION OF VITAL RECORDS, 201	t. Th	y in y	CERTIFICATION						I a	Tagging was a sur		
SE SE	n. nos bee permit.	Sony Sony	ICA	196. DATE OF OPERATION	19b. CO	NDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WI		
AL	cion e ho	show	RTIF						YES NO	YES []	NO 🗌
- Z	ding physicic is certificate buriol-tronsit		_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	RY IN ITEM 18 PART T	OR PART 2)	
0	ng p	or Hem 18	CAI	(IF EITHER, NOTIFY MEDICALEX	AMINER)	P.M.	19		- 10 10 10 10 10 10 10 10 10 10 10 10 10			
SION	this e bu		MEDICAL	21d. INJURY OCCURRED	LAT HOME	CE OF INJURY , STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
2	of the of	morked	~	AT WORK NOT WHILE								
9	L or	re off		220.1 certify that (I) (this	1 1		from III		3 to 1/3	. 19_		not (I) (we) last
-	prito TTO	21		sow the deceased ali above, (I) (we) (did) (a	ve on		19_55,0	nd that in (my) (our) opinio	on death accurred on the a	ote and hour an	d from the co	ouses stated
	e hospite	If Hem		22b. SIGNATURE	-1 -	. 0		DEGREE			22c. DATE S	IGNED
	AL D	T. H		Damel	Mules	Lex	MM	ATTENDING PHYSICIAN	DIRECTOR CHHYSI	FF CIAN 🗍	1/25	183
0	retoined by the TO FUNERAL (should be deto	MPORTANT:		224 PHYSICIAN'S NAME	A			228 ADDRESS	1 010		- ^	
Š	F.U.	POR		DANIEL	NIC	HACA	c mo	JOHNS	HOPKIN	s Ho	SP	
5	of Of	3 4		URIAL, CREMATION, REM				EMETERY OR CREMATOR	Y 23d. LOCATION			
	BP			Burial		8/83		Haven Mem I	CITY OR TOWN	rniee.	A.A.	Md.
			24 FL		Balto.	N/A	211		ATE REC'D. BY REGISTRAF		SSIGNATIT	
DHA	VRA 15, 4		Ge	orge J. Go					FEB 1 1983	John	2. G	chulk

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

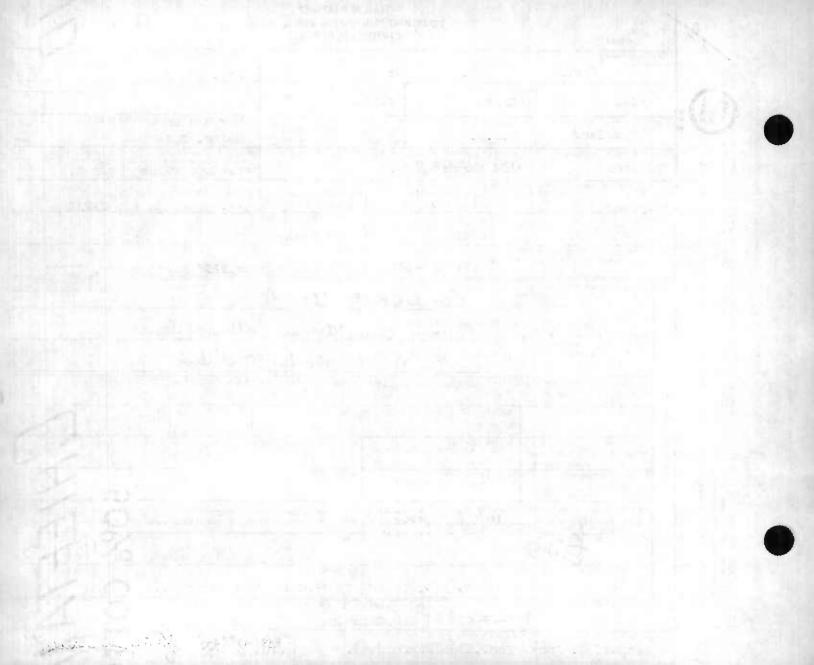
		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
		CEASED NAME FIRS	it /	MIDDLE		AST		ONTH D	AY YEAR	2b. HOUR
	1,000	Frank		X.	Wagne	er	Jan. 25,	1983		M
	3.5E	×	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY)	F UNDER I YEAR	IF UNDER 24 HRS.
4		Male	White		8-28	3-97 DAY YEAR	85	YRS.	ONTHS DATS	HOURS MIN.
å	71,31	RTHPLACE STATE OR FOREIGN	N 76. CITIZEN OF	WHAT COUNTRY	8.	(B)	9. BALTIMORE CITY OR		OF DEATH	
5		Maryland	U.S.A		WIDOWE	D NEVER MARRIED DIVORCED	Balto. Cit	u		MD.
C		ITY OR TOWN OF DEATH		HOSPITAL, NURSII H FACILITY, GIVE STREET Or thway	NG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF Y Ret. Supervi	WORKING LIFE		F BUSINESS OR
1	USU/ 13a. S	AL RESIDENCE (IF NURSING HOSTATE 136 C	OME OF OTHER INSTITUTION,	GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	Ma.	ryland		Baltimo		YES NO	3134 North	D.	2123	4
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	ay Di	LAS	
		Joseph		gner		Catherine	MIDDLE	Mei	sel	
	16e V	VAS DECEASED EVER IN U.		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES			
	(1	VES NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	705-09-	1478	Delma E. Wag	mer,3134 Noi	thwau	Dr. 2	1234
		18 CAUSE OF DEATH (Ent	ter anly ane cause per	line for (a), (b), ai	nd (c1.)				APPROX	MATE INTERVAL
		PART I. DEATH WAS CA	AUSED BY: EDIATE CAUSE (a)	Cowd	LOYCA	13. aunit				
		2500		R 😝 A CONSEQU		J		-		=
		Conditions, if ony, which		Comme	an	a tisear.	allerosile	ems	+ 36	
		gave rise to immediat	te)	as a constant	ENGE OF		allieros els mellihis			100000000000000000000000000000000000000
		underlying cause los	1000,0	R AS A CONSEQU	M.	(Brabello	mellins			
		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				0.
	NO.		D 20 V4		1					
7	CAT	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
7	CERTIFICATION						YES NO	YES	ING CAUSES	NO [
	ä	210. ACCIDENT WAS UNDERLYIN	110110		AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART 2)	14
1	N.	OR CONTRIBUTING CAUSE O	OI DEATH	M. MONTH D	AY TEAK					
	MEDICAL	216. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				
	ME	WHILE NOT WHILE AT WORK	TAT HOME, STR	PEET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TOW	N	COUNTY	STATE
		220.1 certify that (1) (this		e deceased fram.		. 19	, ta		9	that (I) (we) last
		saw the deceased aliv	ve an 10/0	19 8		nd that in (my) (aur) apinion	death occurred an the dat			
١,		226. SIGNATURE	. M.	oner deam.		DEGREE		-	22c. DATE	SIGNED
		200	me			ATTENDING PHYSICIAN	DIRECTOR PHYSICIA		1/2	16/83.
		226. PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS				
		Subramani	an Sriniva	as, M.D.		XX 1900 E.	Northern Pkw	y .		
	23a. 8	BURIAL, CREMATION, REMO	OVAL 236. DATE	23¢.	NAME OF C	EMETERY OR CREMATORY	236. LOCATION			
		Burial	1-29-	.83 N	ew Ca	thedral	Balto., Me	d.	COUNTY	STATE

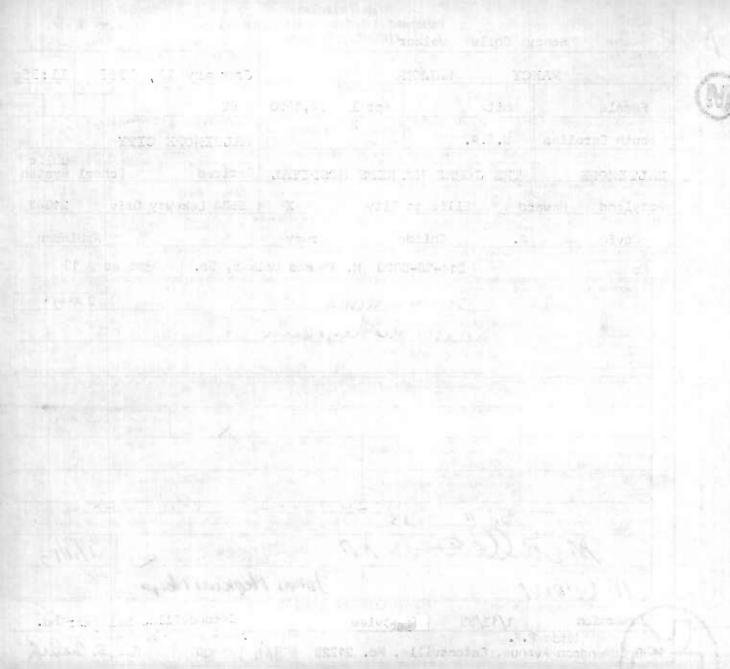
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IMPORTANT: If them 21 is morked or them 18 shaws ony injury, or ather troumatic event, the

24. FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd. JAN 2 1983 . Com J. Comment





DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 7g. DATE OF DEATH 76 HOUR HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR OR MOST OF WORKING JIFE) INDUSTRY AT HOME APT. 702 6800 LIBERTY RD. #21207 DAVIDSON MRS. THEDRADGIORGILLI RANDALLSTOWN, MD 21133

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

STATE OF MARYLAND

CERTIFICATE OF DEATH

accurred on the date and haur and from the causes stated

22c. DATE SIGNED 1/17/83

BALTO. MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO., MD 21215

25a. DATE REC'D. BY REGISTRAR 251 TEGISTRAR'S SIGN JURE .

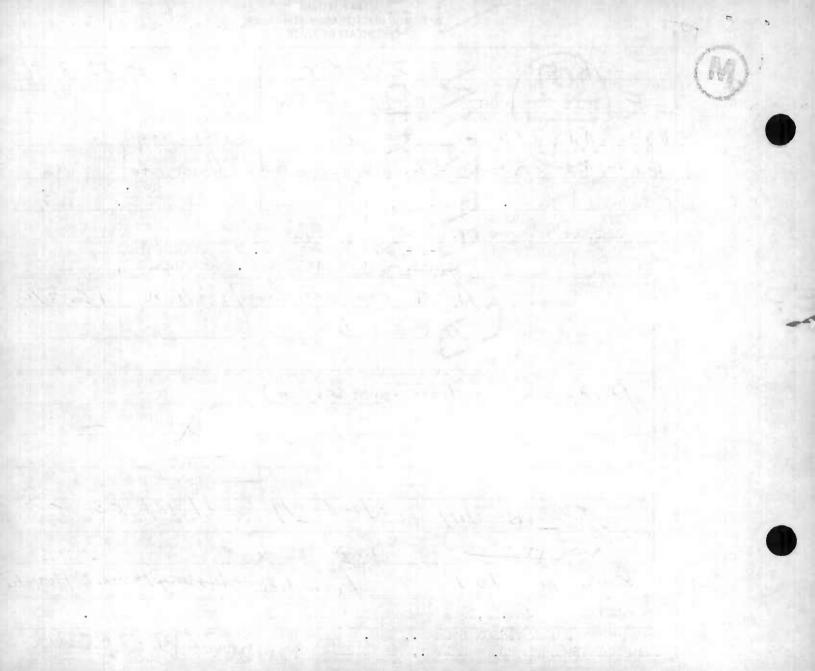
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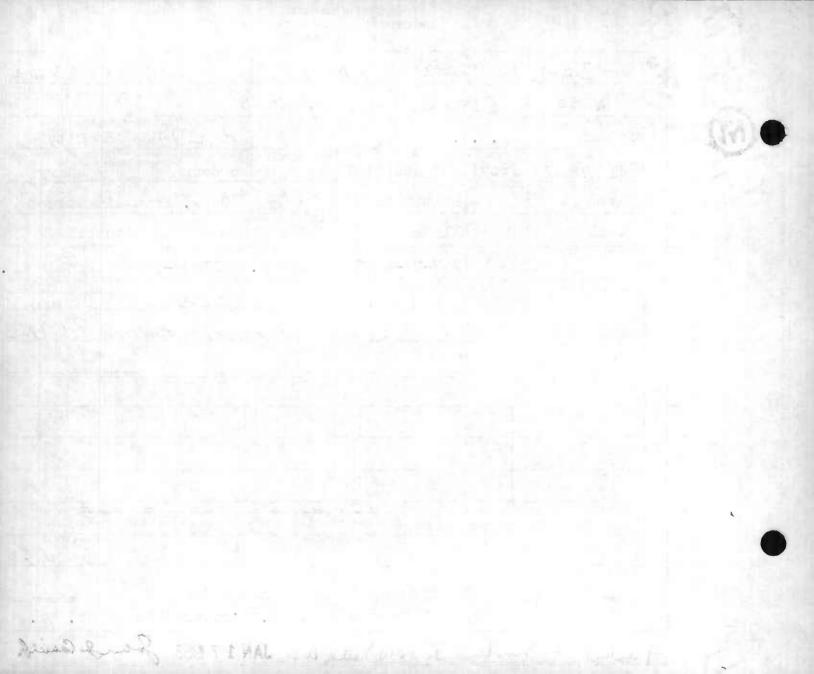
6010 REISTERSTOWN RD.

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REGISTRAR



	1			STAT	E OF MARYLAND			
	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYC	0 0	0	6 /
e 3	1. DE	CEASED NAME FIRST TAME	S Cyril	b	IA IACE	2a DATE OF DEATH		YEAR 26 HOUR
offer de	3 SE		A RACE	S. DATE O	OF BIRTH Ly 29, 1928	6 AGE (IN YEARS LAST	MONT	INDER 1 YEAR IF UNDER 24 H
\$3<	7	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTY	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	Y OR COUNTY OF	DEATH City
Softwed &		BALTIMONE BALTIMONE	11. NAME OF HOSPITAL, NU Provident F	JRSING HOME (OR OTHER INSTITUTION	126 USUAL OCCUP TYPE OF WORK FOR MOS Foreman		126 KIND OF BUSINESS INDUSTRY Laundry
333	130 3	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULTY 136 C		BEFORE ADMISSION) JOWN LMOre	13d INSIDE CITY LIMITS?	13. STREET ADDRES	s Frankli	21201 in Street
OC C	14 F/	Fränk	Mallace Wallace	9	15. MOTHER'S MAIDEN NA Mirtam	WE	Mito	chelï
medicol	Ye	NAS DECEASED EVER IN U.S. AF	CAMAR OR DARREST	SECURITY NO. 22-494	17 INFORMANT Francis M		e-3631 (21207 Coronado E
Inen pleose remove of to buriol, cremotion, injury, or other troum	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	(b) / LUP DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	MINAL DISEASE OR CO	DADITION GIVEN	S C DA
shows ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
Mental Hygrene or them 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IT	JURY IN ITEM 18, PART 1	OR PART 2)
pa	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR	IOWN (COUNTY STATE
of He 21 is		220.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no			od that in (my) (aur) apinion	death occurred on the	dote and hour on	d from the couses stoted
tote Dept.		22b. SIGNATURE	Ecke 1	110	DEGREE ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN 🖫	01/14/8
MPORTANT: If the		22d PHYSICIAN'S NAME (TYPE OF	OKEK	E	2600 C	IBER7	1 HTS	
3 <		BURIAL, CREMATION, REMOVAL Proprial	1/20/1983	23c NAME OF C	EMETERY OR CREMATORY	em Crownsy	ville AM	PTY Co. Marie
OM 1/75 (4))	24 FI	UNERAL DIRECTOR NAME E.	nutler. 30	3.00.7	eth ha JA	N 1 7 1983	AR 25b. BED ISTRAR	S SIGNATURE



1	1.	FOR STATE	D	EPARTMENT OF HEALTH	AND MENTAL HY	(GIENE)	1 4 6 8
		REGISTRAR	MED	DICAL EXAMINER'S	CERTIFICATE OF	F DEATH REG. NO.	
		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN THE MON	TH DAY YEAR 76. HOUR
ET 85.55 ET		Sara	h Fliz	2 bethe W	allace	DEATH MATED	1 24 19 83 M
FECTOR. IR FILES. HOURS STREET,	3. SE	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 2		Ze HOOK
	1	MALE NEGRO	- 1 ·	15 77 YRS. MONI	HS DAYS HOURS	PRONOUNCED DEAD	1 24 19 83 4:26
(RA)	70 B	RINELACE (STATE OR		AT COUNTRY? 8. MARR	NED NEVER MARRIE	9. BALTIMORE CITY OR COL	JNTY OF DEATH
131	13	MA	71.5.		VED DIVORCE		tv. MD.
H SOC	10 C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OTH	HER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WOR	
and the same		Baltimore	2409 E.	,	eet	Lauress	Hotel
O O	USU	AL RESIDENCE (IF IN NURSING HOME TATE / 136 COUN	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)		13e. STREET ADDRESS	21213
25	130 3	M. Isa cool	411	Baltimore	YES NO .	2409 Eihafayı	Ptte Ave.
VITAL RECORDS	14. F.	ATHER'S NAME		AUGIEN 101 C	15. MOTHER'S MAIDEN		1467
L 100 EV	0	Thornton	MIDDLE	Wilmore	Anglis		Butler
	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	7000101
ED AS A BURIAL - TRANSIT PERMIT. PAGES I HEAITH AND MENTAL HYGIENE, DIVISION II, CREMATION, OR REMOVAL.	(,	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	215-18-7622	Pagn/W	allace 2409EL.	262VEHAP AVA
DIV		18 CAUSE OF DEATH (Enter of	nly ane couse per line	for (o), (b), and (c),)	v Lwi , ri	wilder ziojeni	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L ZE S		PART I DEATH WAS CAUSE	D BY:	teriosclerotic	oardiovacou	lar dicease	BETWEEN ONSET AND DEATH
PERMI GIENE, DVAL.		4292 IMMEDIA	(-)	AS A CONSEQUENCE OF	Calulovascu	Tal Ulsease	
EXAMINER AI		Conditions, if any, which					
Z A A		gave rise to immediate cause (o) stating the under		AS A CONSEQUENCE OF			
N. ME		lying cause last.	1000,000	AS A CONSEQUENCE OF			
SE SE		PART 2 DINER CICHICICANI COMOTIONS	CONTRIBUTING TO DEATH B	UT HOT RELATED TO THE TERMINAL DISEAS	T AR COURTING COURT IN BARY		
EW	z	THE TOTAL SOUTH CAN CONDITIONS	CONTRIBUTION TO DEATH B	OF HOT RECATED TO THE TERMINAL DISERS	E OK CONDITION GIVEN IN PAKI	1100	
Ö	ATIO	19a DATE OF OPERATION	19b CONDIT	ION FOR WHICH OPERATION W	VAS PERFORMED?		20 AUTOPSY?
1	CERTIFICATION						YES NOX
2	ERT	210 EXTERNAL CAUSE WAS	216 TIME OF		OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 38 PART 1 OF	
2 3		UNDERLYING OR		MONTH DAY YEAR			
AFIEK DEATH, WITH THE STATE DEFARMANT OF THE BALZIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL	214 INJURY OCCURRED	21e PLACE O		CATION		
100	M	WHILE NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
. 21:							CLUP THE RESERVE
ND		220 I certify that I took chor	6.7	ribed obove, held an Autop	osy . Inspection	, Inquiry □, ond in my	y apınıan
7		death resulted from: Noty	rol gouses X,	Armit (1) Suidde L	, Homicide	Undetermined monner,	
MAR		ACTUAL	1000	1 5.0	TITLE (SPECIFY)	0.4	TE
, K	1	SIGNATURE	valvor	10 much	Deputy Chi	E MEDICAL EXAMINER SIG	SNED 1/24/83
3		EXAMINER'S NAME					
		(TYPE OR PRINT)	nomas D. Sr		ADDRESS	Penn St. Balto	., MD.
8	230. B	SPECIEY) #	23b. DATE	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION CITY OR LOWN	COUNTY STATE
		Burial	1-29-83	ArbutusM	em. Park	Arbutus	Nd.
	24 F	UNERAL DIRECTOR	O MADDRESS	A 011	25d. DATE RE	2 1983	SSIGNATURE
)		Kandelph V	allicko	24316, Oliver	St. UMI	a 1900 Januar	20 removed
1/82		9 9	THE PROPERTY				

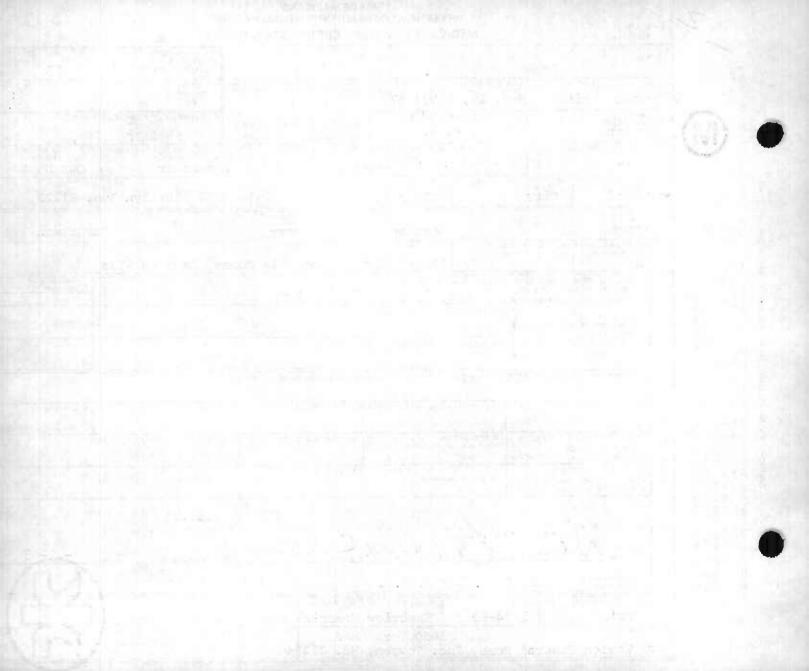
STATE OF MARYLAND

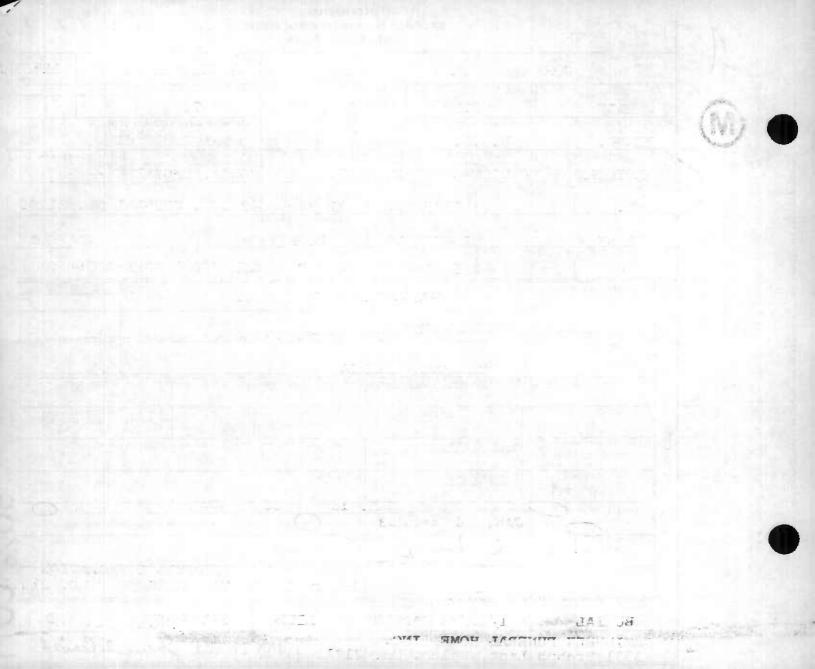
MARKE NEGROUNY IF 15 27 Md. 75.81 Loundress Herel Balelmone & Bush E. K. Starte C. A. Ver Md. Thomasa Wilnows Anglia Gueller 215-18-76 76 32 PERV I Wallace 2409EL RANGEREE BIE Eurist 1-29-83 Arburus Men Park Arburus 1900 A STATE OF THE STA

1 - STATE REGISTRAR	MEDICAL EXAMINER'S		10.
DECEASED NAME FIRST (TYPE OR PRINT) I ren	middle ne M. W	LAST 20. DATE KNOWN OF ESTI- DEATH MATED (
3 SEX 4 RACE Female White	5. DATE OF BIRTH YEAR NOV. 16, 1895 87 YRS.	NDER 1 YR. IF UNDER 24 HRS. 2c DATE	MONTH DAY YEAR 16 HOUE 1 20 1983 P.N
79 STRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	XX U. S. A. WIDOV	IED □ NEVER MARRIED □ VED XX DIVORCED □ Baltim	ore City, MD
Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2627 Liewelyn Avenue	HER INSTITUTION 120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE) Homemaker	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY OWN Home
Maryland City	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13. CITY OR TOWN Baltimore	13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 2627 Llewel	yn Ave. 21213
14. FATHER'S NAME FIRST UNKNOWN	ortman Ortman	15. MOTHER'S MAIDEN NAME MIDDLE MATY	Struckman
160. WAS DECEASED EVER IN U.S. ARM (YES, MO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY NO. 218-Q3-470.6A	Cornelia Jones, Same As	
	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a).	
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 2101. INJURY OCCURRED WHILE NOT WHILE	196. CONDITION FOR WHICH OPERATION W	VAS PERFORMED?	28 AUTOPSY? YES □ NO 🌣
210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM)	
216. INJURY OCCURRED WHILE NOT WHILE AT WORK		CATION STREET CITY OR TOWN	COUNTY STATE
22e I certify that I took charge death resulted from Nature ACTUAL SIGNATURE	e of the remains described abave, held on Autopolic Courses Academt . Suicide	osy , Inspection , Inquiry X, o , Homicide Undetermined manner TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER	DATE 1-21-83
(THE ORTRINI)	ennis F. Smyth, M.D.	ADDRESSIII Penn Street	
Burial	3b. DATE 23c. NAME OF CEMETERY C 1-24-83 Eastview Mer	CITY OR TOWN	county STATE aryland
24. FUNERAL DIRECTOR NAME RUCK Towson Funera	ADDRESS 1050 York Road al Home, Inc. Towson, Md		and towns

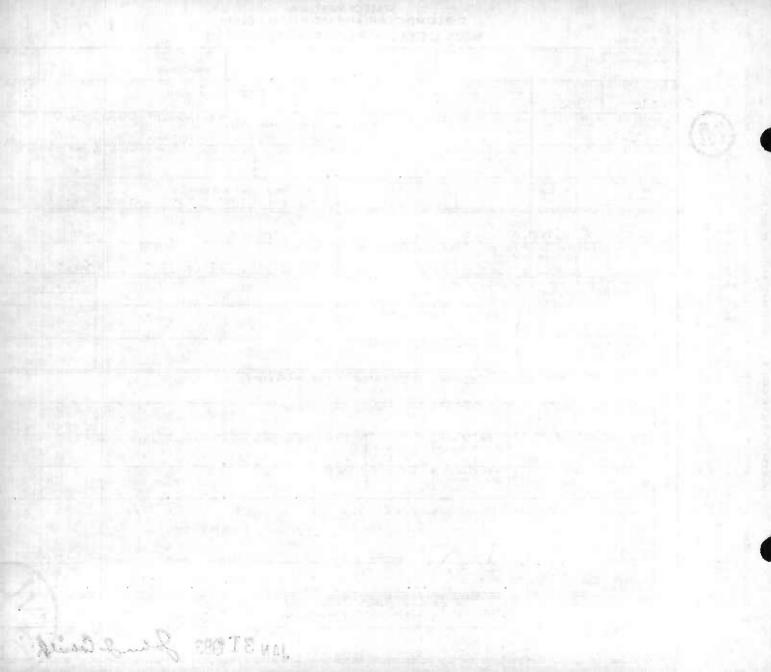
20M 4/82

STATE OF MARYLAND

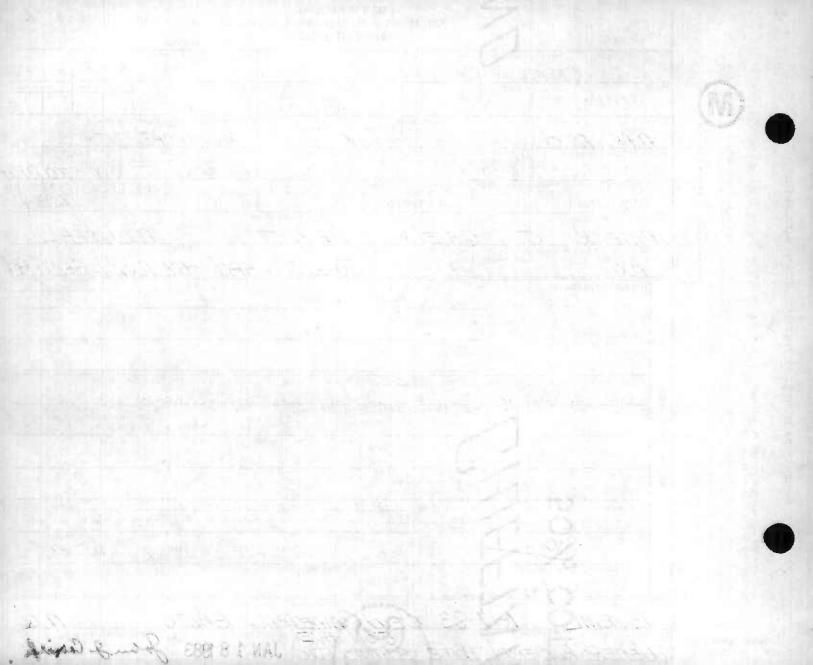




4	+	1,	FOR STATE		0	ST. DEPARTMENT OF	ATE OF MA		HYGIENE	3	0 1	47	
			REGISTRAR		MED	DICAL EXAMI	NER'S CE	RTIFICATE	OF DEATH	REG. N	0.		316
			CEASED NAME PE OR PRINT)	FIRST		MIDDLE	LA	AST	2a. DA	TE KNOWN DE	MONTH	DAY YEAR	26 HOUR
	ELES AS			GEORGE		М.		TON, JR.	DEA	TH MATED	J 1 :	27 1983	M
	W. PLEA DUR FILE 77 HOU IN STREE	1 SE		ack	DATE OF BIRTH	YEAR LAST BIRTH		DAYS HOURS	MIN. PRONO	ATE DUNCED EAD	MONTH	27 1983	6:55
	M	1	RTHPLACE (STATE OR STREIGH COUNTRY)	7.	U.S.A		8. MARRIEI	NEVER MARE	RIED LA	timore city of			MD
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10 C	ITY OR TOWN OF DEA		T. NAME OF HOSE (# NOT IN SUCH FAC	PITAL, NURSING HOA	ME, OR OTHER	RINSTITUTION	12a. USUAL OC	CUPATION (TYP	PE OF WORK	126 KIND OF 8 OR INDUS	
	N P P P P P P P P P P P P P P P P P P P	USU.	Baltimore AL RESIDENCE (IF IN NUR	SING HOME OR C	auto - Z	E RESIDENCE BEFORE ADMIS	(ODD ST	•					
21201	1. If ANY DE 2, AND 3 TC 3. RETAIN 2 SHOULD BE AL RECORDS	13a S	aryland	36 COUNTY		Baltimor	1	3d. INSIDE CITY LIMITS? YES ☑ NO □	13e. STREET AD	. Feder	al St	. 21202	
MD.		I4.F	ATHER'S NAME FIRST		MIDDLE	LAST	1	S MOTHER'S MAID	EN NAME	MIDDLE		LAST	
	DEATH.		George M. V					Patric	ia	Α.		Davis	
BALTIMORE	UURS AFTER DEATH 18. GIVE PAGES 1. WITH FORM PM IIT. PAGES 1 AND IIT. PAGE		WAS DECEASED EVER I YES. NO. OR UNKNOWN) NO	N U.S. ARME (IF YES, GIVE WA		166. SOCIAL SECUR	ITY NO.	7. INFORMANT	7 7.7-7.4	ADDRESS		2 2	
×	24 HOURS A ITEM 18. GIV CONG WITH PERMIT. PAG SIENE, DIVIS	H		1 /F=4== i=l		N/A lor (a), (b), and (c).)		Patricia	A. Walt	on 1203	E. F		TE INTERVAL
RDS, 201 W.	JUD BE EXECUTED WITHIN 24 HOU." PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALONG IN TEM 18 F DA SA BURAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, II, CREMATION, OR REMOVAL.		Lying cause last. PART 2 OTHER SIGNIFICANT		(c)	AS A CONSEQUENCE		PR CONDITION GIVEN IN P	ART T (a),				
RECO	MED AS AS CRE	Į.	19a. DATE OF OPERA	IION	TIN-CONDIT	ION FOR WHICH OP	FRATION WA	S PERFORMED?				20 AUTOPS	V2
VITAL RECORDS,	HOU!	CERTIFICATION	The brite of orein		170. CONDIT	ioity ok which on	EKATIO! TVA	orem owner.				YES X	
NOFV	THE WOOD THE		210. EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR .		MONTH DAY YE.	AR	v INJURY OCCURR		OF INJURY IN ITEM 18	PART I OR PA	ART 2)	
DIVISION OF	HIS CERTIFUC WRITING (ARDED TO AGE 3 SHO ATE DEPA	MEDICAL	21d INJURY OCCURR WHILE NOT V	FD	2Te PLACE O	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCA - STR 2000	ATION	СПУС	RTOWN	со	YIMUG	STATE Md.
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD."PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURLAND.		22a. I certily that I death resulted from:			Accident ,	Autopsy Suicide ,	Hamicide X	Undetermine		nd in my o	pinian	
	AL EX HE CEI HOULT VITH, W		ACTUAL SIGNATURE	AV	MZ	Dr-	M.D	Assistar	MEDICAL E	XAMINER	DATE	ED 1-28	-83
	MEDICAL ECUTE THE GE 4 SHO FUNERAL TER DEATH	4	EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixo			DURESS	Penn S		to., 1	Md. 212	01
	Bb		BURIAL, CREMATION, RESPECTAL	MOVAL 23b.	2/1/83	23c. NAME OF C	EMETERY OR Hill Ce	crematory metery	23d LOCATIO CITY OR TOWN Baltin			o. M	state d.
	DHMH - 17		UNERAL DIRECTOR		ADDRESS				31 98	TRAR 2 EG	ISTRAR'S	SIGNATURE: -	1
	(VR A15 ME (5))	I W	m. C. March	F/H I	Inc 1101	F North	Arroni	IAN	0 - 130	1	~	- OF-MALE	



3	1	- STATE	STATE OF MARYLAND T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	rGIENE 8 3	0 1 4 7 2
o 65 -4		ECEASED NAME FIRST MIDDLE PE OR PRINT]	LAST	20. DATE OF DEATH MONT	20.11001
oy be	3. S	EX CATHERINE GATELY	WAKD	01	13 1983 3-35-AM
Poge 4		Female White	DATE OF BIRTH MONTH DAY YEAR 10 24 94		MONTHS DAYS HOURS MIN.
deoth. P	1	MARYLARIC USA W	ARRIED NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO	E CITY MD.
201	23	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING H IF NOT IN SUCH FACILITY, GIVE STREET ADDR GOOD SAMARITA	N HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK EXTENTION)	IZE KIND OF BUSINESS OR INDUSTRY
AND 21:	130.	UAL RESIDENCE (IF NURS IN DOUBLER INSTITUTION GIVE RESIDENCE BEFORE ADM STATE 13c, CITY OR TOWN ALTIMUT	113d. INSIDE CITY LIMITS?	130. STREET ADDRESS 68	32 STURPSRIDGE DI 21234
MARYL ed within	14.1	PATPICH CT GATE/V	15. MOTHER'S MAIDEN N	AME MIDDLE	m CREAL
iMORE, oe execut n and co . Pages/T		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY (1955, NO. OR UNKNOWN) (19745, GIVE WAR OR DATES)		PARY 418	Obeth BERNA
201 W. PRESTON ST., BAL es that the death certificate ted by the attending physici please remove areanonopel arial, creenonom, or removal. , or other traumatic event, th		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: HAZ 75 IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE (b). Conditions, if any, which gove rise to immediate couse (a). stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE (c).	SP. ARREST		BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, SOURCE OF THE CORDS, SOURCE OF THE CONTRACT OF THE	CERTIFICATION	Brain Damage Scarndery +D Se	17.00 . Roc	tal Carcinona 200 AUTOPSY? 206.	
ON OF VITA HYSICIAN: Th ding physicic is certificate buriol-transit Mentol Hygie	4	21a, ACCIDENT WAS UNDERLYING	YEAR	RRED (ENTER NATURE OF INJURY IN IT	
DING PHYSIC or attending After this cere of the burio of the ond Ment marked or iter	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, I	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIO or pital or use for use of Heal		220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an Variation 1987 above. (1) (we) (did) (did not) view the body after each.	12-7- , 19 <u>82</u> , and that in (my) (our) opinion	to taday	19_83, that (i) (we) last and hour and from the causes stated
the har tocke to Dep		226. SIGNATURE RIGHT	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 1//3/8/3
HOSPII ined b FUNE vald be vold be		22d PHYSICIAN'S NAME (TYPE OR PRINT) R-C-SAHNI	22e. ADDRESS		
2 € 2 € \$ 3 +	23a.	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAMI	E OF SEMETERY OR CREMATORY	23d LOCATION	COUNTY
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR AAME FOR FUNERAL HOOFESS FO	5311 AUE 250. DA	N 1 8 1983	GISTRAR'S SIGNATURE

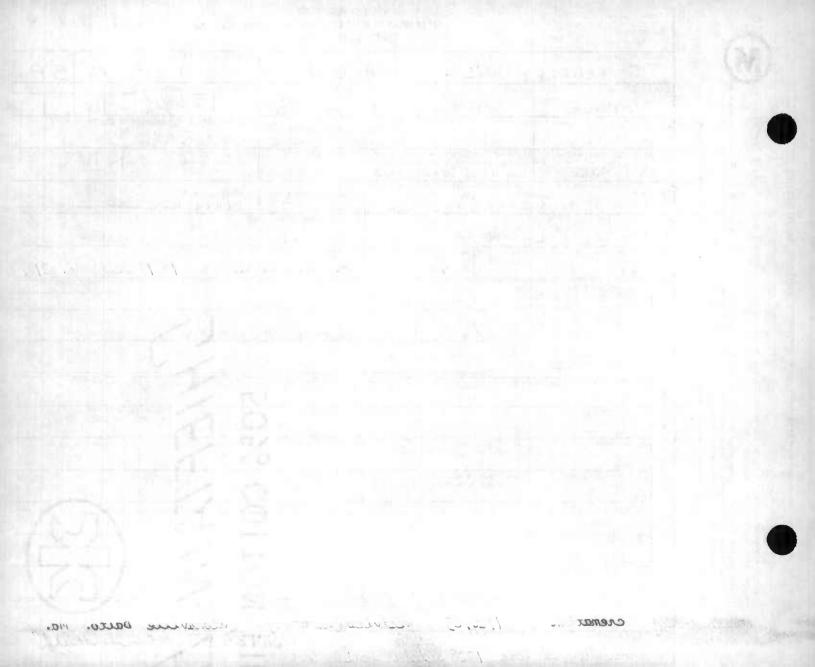


Ambrose Funeral Home 1328 Sulphur Spring Rd.

FOR

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



4	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAI IEALTH AND M ICATE OF DI	ENTAL HYG	IENE 8 3	0	1 4 7 4
1		CEASED NAME FIRST		WIDDLE	4 5 6	AST		20. DATE OF DEATH	MONTH E	DAY YEAR 26 HOUR
		Ear	1 1	K.	Was	shingto	n	Jan. 15	. 83	6:551
	3 SE	X	4 RACE		5 DATE O			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
16		male	В.	lack	MONT	6	06	76		CONTHS DAYS HOURS MIN.
CI		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	ADDIED [9 BALTIMORE CITY	1110	OF DEATH
7		ew York	U.S.	Α.	WIDOW		ORCED	Baltimo	re Ci	tv M
	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	NG HOME		NOITUT	12a USUAL OCCUPA	TION	126 KIND OF BUSINESS OF
5		Baltimore /	The d	Johns Ho	opkir	s Hosn	ital	(TYPE OF WORK FOR MOS	OF WORKING LIFE	INDUSTRY
5	130 3	AL RESIDENCE IIF NURS A CAE OR STATE COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltime	E ADMISSION)	13d. INSIDE CIT		13e STREET ADDRESS	Rutla	nd Ave.2120
	14 FA	THER'S NAME				15 MOTHER'S	MAIDEN NA	WE		id live. Eleo.
16		George	MIDDLE	Washing	ton	Ac	elaid	MIDDLE		LAST
		VAS DECEASED EVER IN U.S. AR/	MED FORCES?	166 SOCIAL SECL		17 INFORMAN			RESS	
	(,	(IF YES, GIVE Yes	WAR OR DATES	213-07	-5103	Edna	M. Was	shington	825 N	.Rutland Ave
		Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.	DUE TO, OI	R AS A CONSEQUI	ENCE OF	NTRICU	ART	BRILLATIO	ON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MIN,
	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 10
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		WERE FINDINGS USED // ING CAUSES OF DEATH?
7	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P./	M. MONTH DA M.	AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF IN.	URY IN ITEM 18 PA	RT OR PART 2}
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY BET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION	1	CITYOR	OWN	COUNTY STATE
31		22a.1 certify that (1) (this haspit sow the deceased glive an obove, (1) (we)(did))did not 22b. SIGNATURE	DIDNOISE	BEENE DO A		DEGREE	TENDINA /	MEDICAL ST.	AFF V	9, that (I) (we) los and from the couses stated
		22d. PHYSICIAN'S NAME (THE GI	MHII)	THE	MD		TALL	DIRECTOR PHYS	ICIAN	1/15/83

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

Wm.C.March F/H Inc.1101 E.North Avenue

1/21/83

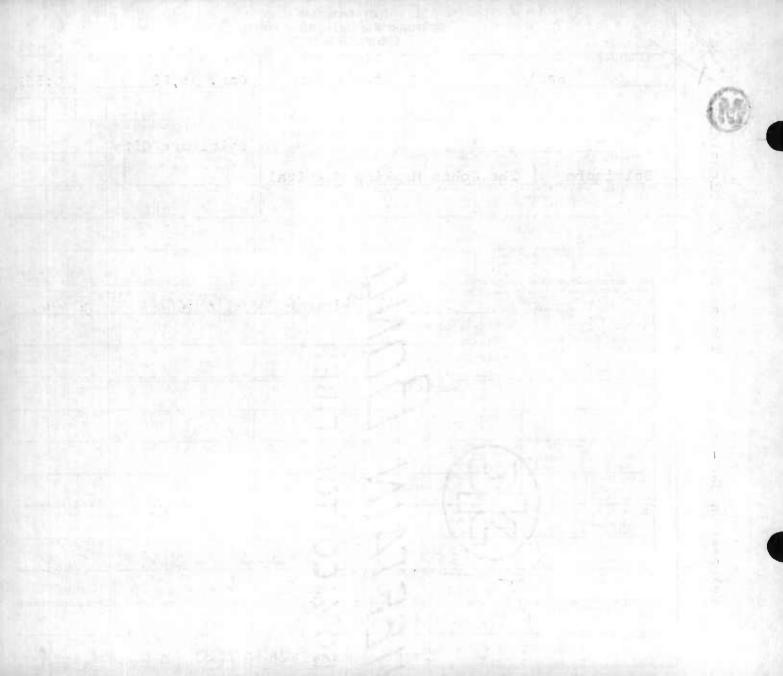
230 BURIAL, CREMATION, REMOVAL BURIAL

23d LOCATION
CITY OR TOWN
Crownsville Md. Veteran Cem. 250. DATE REC

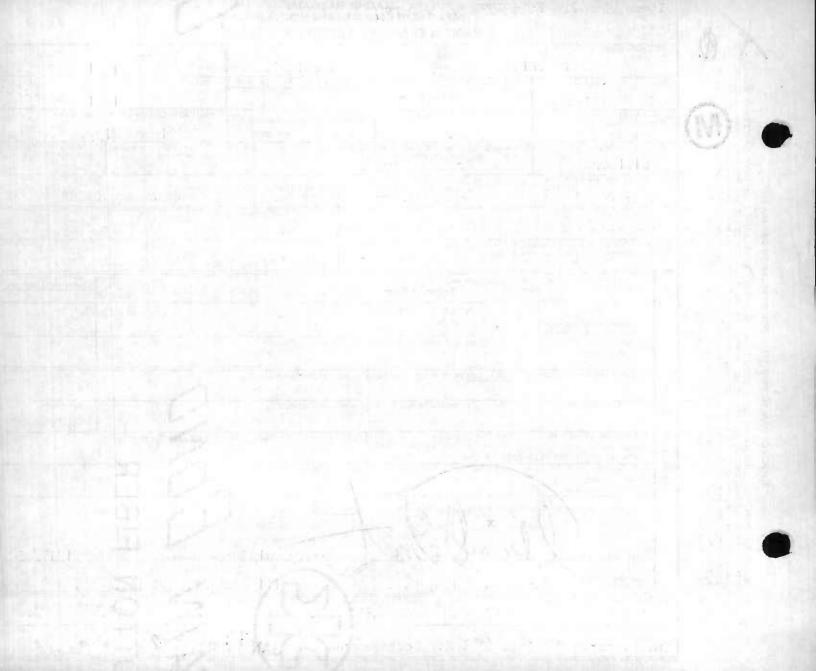
STATE

Md.

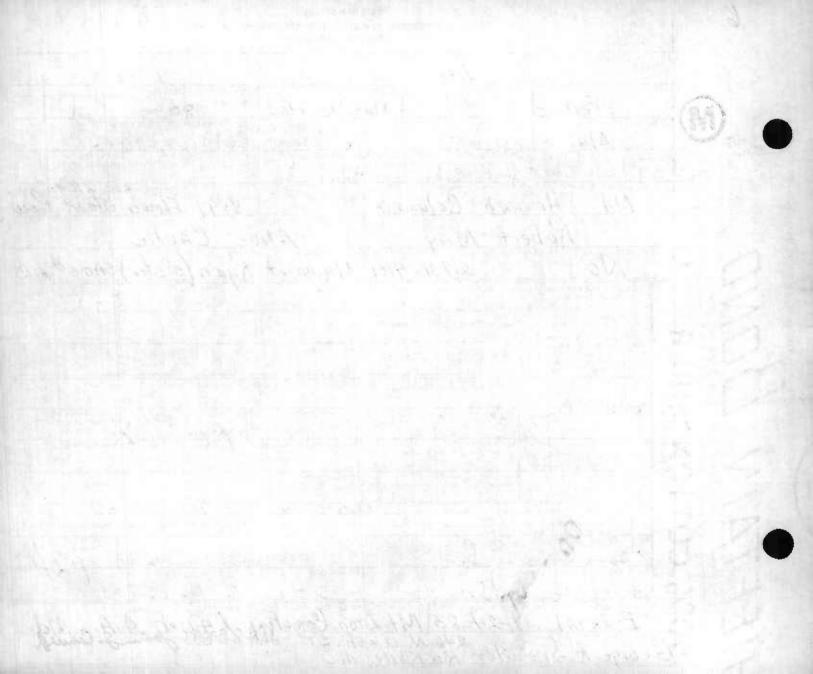
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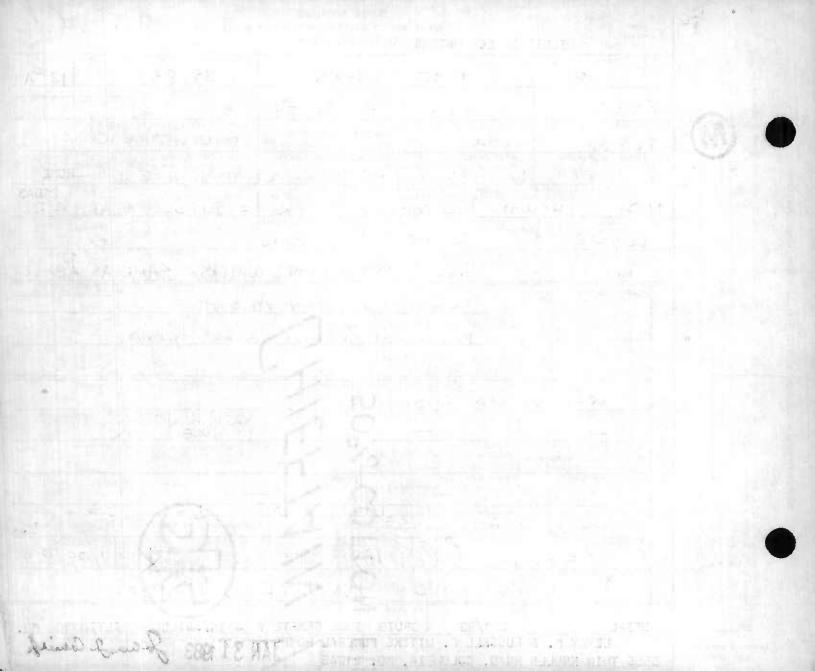


TATE EGISTRAR EASED NAME PRINT) Frede 4 RACE Black THPLACE (STATE OR HON COUNTRY) ATYLAND 4 OR TOWN OF DEATH ATE TYLAND HER'S NAME FIRST PROBLEM (IF IN NURSING MOME ATE TYLAND HER'S NAME FIRST ATE TYLAND HER'S NAME FIRST CAUSE OF DEATH (IF YES, GIVE NO 11 CAUSE OF DEATH (Enter or	5. DATE OF BIRTH 6 8 76 CITIZEN OF W. U.S. 11. NAME OF HOS (IF NOT IN SUCH FA 4908 C OR OTHER INSTITUTION, GI	YEAR 159 23 YRS. HAT COUNTRY? A. SPITAL, NURSING HOME, OR CRITIC, GIVE SIRRET ADDRESS) TICHNSHOW AVENUE WE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore LAST Washington,	Washingtor IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS AARRIED NEVER MARR IDOWED DIVORCE ROTHER INSTITUTION E 134. INSIDE (ITY LIMITS? YESXEN NO D IS MOTHER'S MAID! FIRST	20. DATE KNOWN OF ESTI- DEATH MATED 1.24 HRS. 21. DATE PRONOUNCED DEAD 1.26 DATE KNOWN OF ESTI- DEATH MATED 1.27 DATE KNOWN PRONOUNCED DEAD 1.28 DATE KNOWN PRONOUNCED DEAD 1.29 DATE KNOWN PRONOUNCED DEAD 1.20 DATE KNOWN PRONOUNCED DEAD 1.20 DATE KNOWN PRONOUNCED DEAD 1.20 DATE KNOWN ESTI- DEATH MATED 1.20 DATE KNOWN PROFE PRONOUNCED DEAD 1.20 DATE KNOWN PROFE PROPOUNCED DEATH MATED 1.20 DATE KNOWN PROPOUNCED DEATH DEATH MATED 1.20 DATE KNOWN PROPOUNCED DEATH DEATH MATED 1.20 DATE KNOWN PROPOUNCED DEATH DEATH MATED 1.20 DATE DEATH MATED 1.20 DATE DEATH MATED 1.20 DATE DEATH MATED DEATH MATED DEATH DEATH MATED DEATH MA	MONTH DAY 1 6	5 19 83 19 83 DEATH IND OF BUSINI
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FIRST Frederick AS DECEASED EVER IN U.S. AR NO. OR UNKNOWN) (IF YES, GIVE	E.		FIRST	EN NAME		
NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES?		Sr Alma	MIDDLE	Holi	day
No		166 SOCIAL SECURITY NO	. 17. INFORMANT	ADDR	RESS	
		214-78-0437	Alma Was	hington 4908	Crenshaw .	Ave.
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19a DATE OF OPERATION				KI 1 (9).	120	AUTOPSY?
					1 5	YES X N
THE BUILDING COURSES	DEATH P.M	A. MONTH DAY YEAR		D LENTER NATURE OF INJURY IN TEA	M 18 PART 1 OR PART 2) COUNTY	11.3 💢
ACTUAL SIGNATURE SIGNATURE TYPE OR PRINT) The			M. Deputy Chi	Undetermined manner Of MEDICAL EXAMINER Penn St. B	and in my opinion DATE SIGNED Balto., ME	1/17/8
BURIAL	1/19/83		ll Cem.	Baltimore REC'D. BY REGISTRAR [256 R	Co.	s1Md
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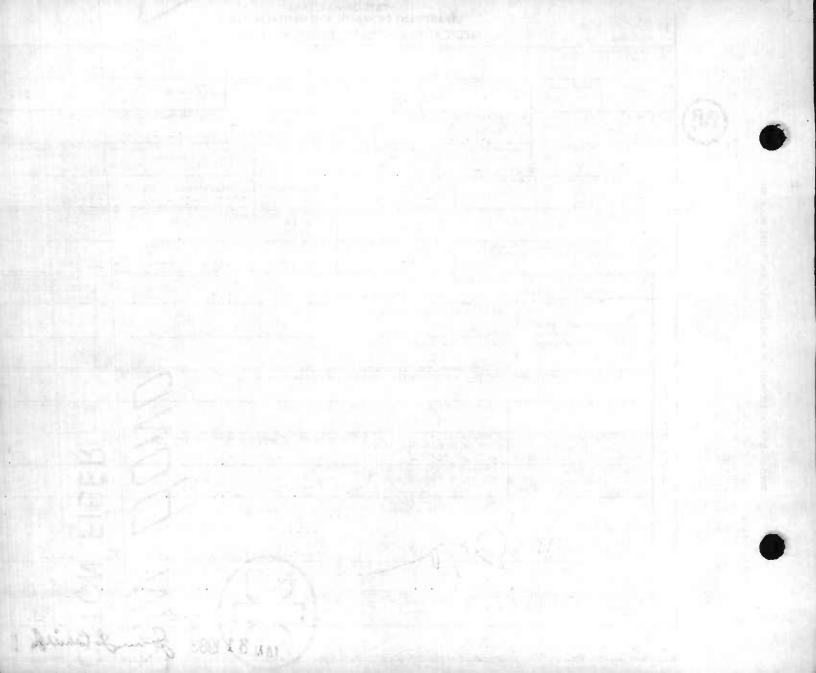
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2	EXAM (TYPE	INER'S NA OR PRINT)	Ann	M. Dixo	й, M.D.		ADDRESS 111 P	enn S	t., Balto	Md	1. 212	01				
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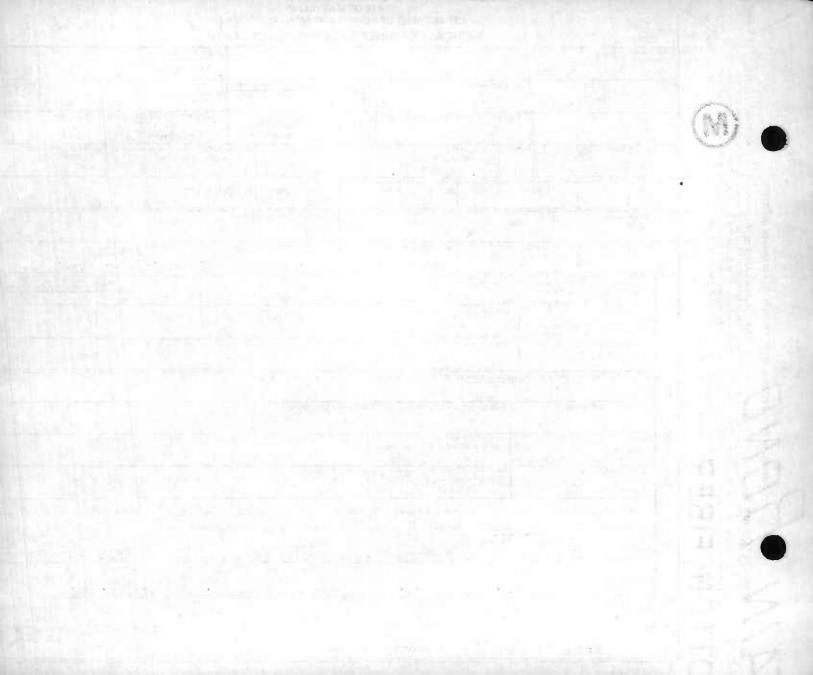
STATE OF MARYLAND



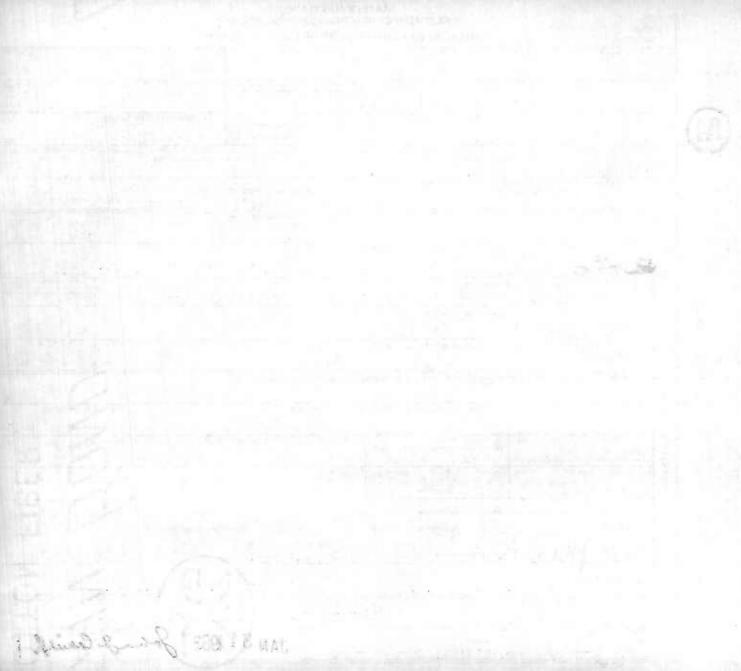
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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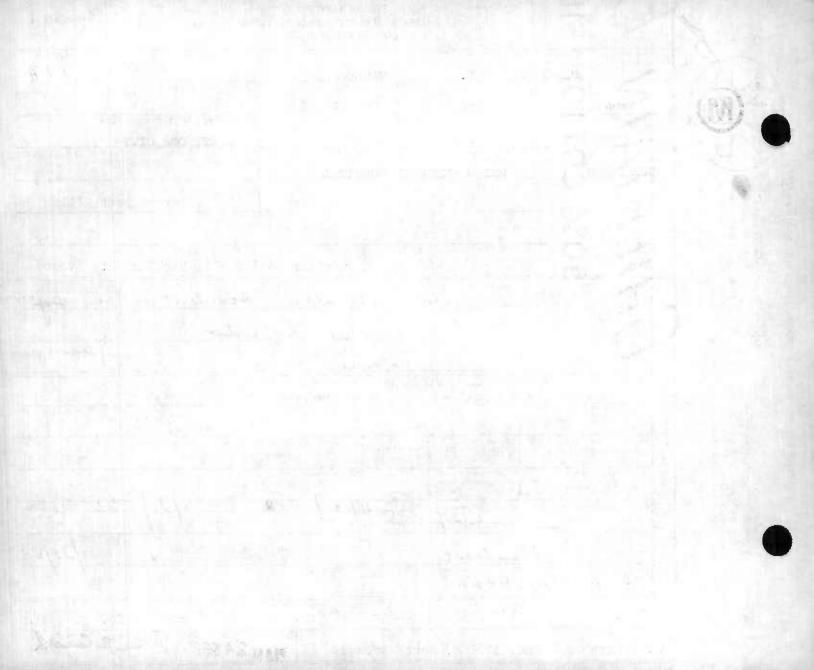


3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR (AST BIRTHDAY) TO BIRTHPLACE (STATE OR DEAD 70. BIRTHPLACE (STATE OR DEAD 71. CITY OR TOWN OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER H	OF BUSINESS NOUSTRY
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LUNKNOWN) (IF YES, GIVE WAR OR DATES)	244
Thomas Watson Nettie Outla Watson Vertie Outla Watson Nettie Solve Was Deceased Ever in U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-05-3550 Salome W. Ratliff 1506 N. Eden St.	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease	OXIMATE INTERVAL IN ONSET AND DEATH
APPRILIDEATH WAS CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Candidans, if any, which oave rise to immediate (b)	N ONSET AND DEATH
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22a. Leertify that I taak charge at the remains described above, held an Autapsy I, Inspection III. Inquiry I, and in my apinian death resulted fram: Natural causes Accident I, Suicide I, Hamicide I, Undetermined manner I, TITLE (SPECIFY)	28-83
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-2 EXAMINER'S MAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 2120	01
PARIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY BURIAL 1/31/83 Mount Calvary Cem. Baltimore Co.	Ma.
24 FUNERAL DIRECTOR DHMH - 17 DHMH - 17 250. DATE REC D BY REGISTRAR 28 (EGISTRAR'S SIGN) TURI	E
(VR A15 ME (5)) Wm. c.m arch F/H Inc. 1101 E. North Avenue JAN 31 983	ACC



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Patapsco Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

FOR - STATE

(VRA 15, 4)

Mccully Funeral H-omes

REGISTRAR

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STATE OF MARYLAND

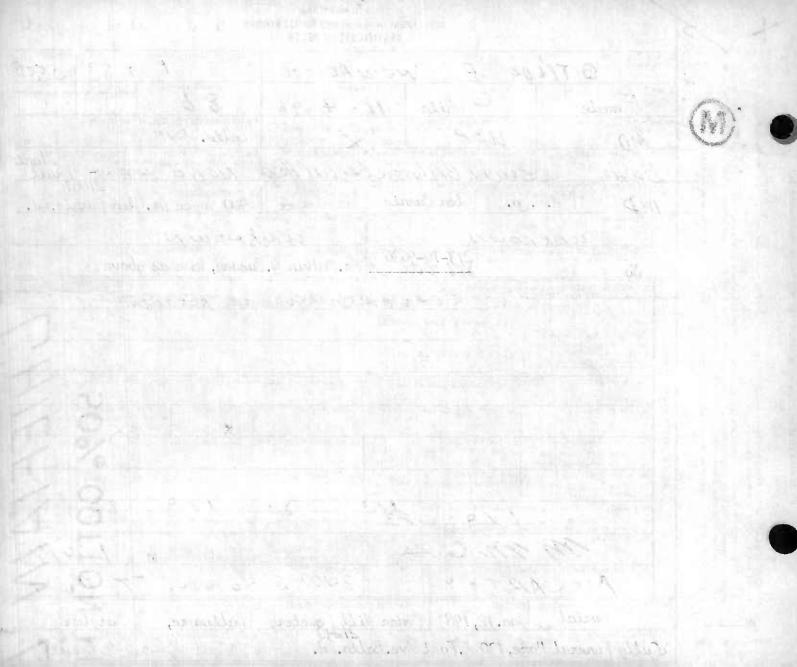
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12		STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOL
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Poges 1		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,		SECURITY NO. 17. INFORMANT 5-7377 Samuel Perso	ADDRESS on Rt. Box 40C Ca	
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signed by the offer hen please remove to burial, cremation jury, or other trour	NO	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (c) AC IT CONDITIONS CONTRIBUTING	ROIN TESTIMAL BOREQUENCE OF LEUKEMIA		VEN IN PART 1:0
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by the hospitol or ottending physicion. ERAL DIRECTOR: After this certificate has edetached for use os the buriol-tronsir per State Dept, of Health and Mental Hygiene INT: if them 21 is marked or them 18 shows		gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INTERPREDIAL EXAMINATION OF CONTRIBUTING COUNTED WHILE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF COUNTED WHILE NOTIFY MEDICAL EXAMINATION OF COUNTED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosow the deceased alive above(j) (we) (did) (did)	DUE TO, OR AS A CONS (c) IT CONDITIONS CONTRIBUTING NEVMONI 19b CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PEQUENCE OF LEUKEMIA TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET FRICE, FARM ETC.) PEGREE ATTENDING PHYSICIAN 220. ADDRESS	200 AUTOPSY? 200 IF YE IN CERTIL YES NO YEAR NATURE OF INJURY IN ITEM 18 CITY OR TOWN death occurred on the date and had MEDICAL STAFF DIRECTOR PHYSICIAN	S, WERE FINDINGS USE FYING CAUSES OF DEA ES NO [PART 1 OR PART 2) COUNTY 19 , that (1) ur and from the causes st
y the hospital or attending physician. AL DIRECTOR: After this certificate has detached for use as the burial-training per Dept. of Health and Mental Hygiene IT: If them 21 is marked or them 18 shows.	MEDICAL	gove rise to immediate couse (o), stofing the underlying couse lost. PART 2. OTHER SIGNIFICAN 196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION AT WORK AT	DUE TO, OR AS A CONS (c) IT CONDITIONS CONTRIBUTING NEUMONI 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF spital) oftended the deceosed from On 1/6/PS not) view the body ofter death. Howe do PEORPRINT) HOLN TOO	PEQUENCE OF LEUKEMIA TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET FRICE, FARM ETC.) PEGREE ATTENDING PHYSICIAN 220. ADDRESS	200 AUTOPSY? 200 IF YE IN CERTIL YES NO STAFF	S, WERE FINDINGS USE FYING CAUSES OF DEA ES NO [PART 1 OR PART 2) COUNTY 19 that (1) (ur and from the causes st

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2b HOUR (TYPE OR PRINT) TANIJARY 03 FAY WETNA DDI.E 1983 08.104 3. SEX 4 RACE MARCH 1. FEMALE WHITE TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXXXVEVER MARRIED POLAND USA DIVORCED WIDOWED BALTIMORE CITY I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AT HOME HOUSEWIFE BALTIMORE THE JOHNS HOPKINS HOSDITAI APT. D USUAL RES 134 INSIDE CITY LIMITS? 13b COUNTY 3002 FALLSTAFF MANOR CT.21209 BALTIMORE MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE JOSHUA **EDELMÂN** BATLA KURYK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MR. SAM WEINAPPIE APT. D (YES, NO DE UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-50-1199 3002 FALLSTAFF MANOR CT BALTO MD21209

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ARREST PART I. DEATH WAS CAUSED BY: PULMONARU 5 MIN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Week MUTIPLE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ORONARU DIJEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ACCIDENT COREBRO - WASCULHE prior 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ARTERU DISEASE YES [Mental Hyga 2 MOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY 0 STATE CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 83 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (IV wa) (did)(did not) view the body after death 226. SIGNATURE DEGREE 22c. DAVE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORIANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ld b 230. BURIAL, CREMATION, REMOVAL .4,1983 BURIAL (SPECIFY) MD 24 FUNERAL DIRECTOR & BROS. INC. 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 21215 (VRA 15, 4) BALTO., MD 6010 REISTERSTOWN RD.

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24		CEASED NAME FIRST OR PRINT)	MIDDLE		AST ESS	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR 2 PM
	3. SE		4. RACE	5. DATE C	DF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
(M)		Pale	White		23-1898	OH YRS.		
100		RTHPLACE STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT	MARRIE WIDOWE	D NEVER MARRIED	Baltimore (114 or count		ME
# p = 2	J0 €	Baltimore	(IF NOT IN SUCH FACILI	TAL, NURSING HOME C ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126. KIND O	Bruno s
auld be	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 138. COU	ROTHER INSTITUTION, GIVE REINTY 136. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 4904 Kenwood		Service II
ond 2 sh	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAS	
Poges 1		VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATEST	OCIAL SECURITY NO. 6-05-2803	Mrs. Rita A.	Fox - 3 Leslie	Ave212	236
gned by the ottending in please remove corbon buriol, cremation, ar reriny, or other traumotic ev	7	Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	ELL CA	IVEN IN PART 110	5'			
hos been s permit. The ene prior to	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	INCERT	ES, WERE FINDIN	
errificate riol-tronsit entol Hygis Hem 18 sho		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. A	JRY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18		
ter this os the burn hand Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	JURY CTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for use of Health	H	220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n	n	19	nd that in (my) (our) opinion	death occurred on the date and ha	ur and from the	
AL DIREC detached ote Dept. IT: If Item		22b. SIGNATURE	Davil X		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE :	12/83
TO FUNERA should be de with the Stot		22d PHYSICIAN'S NAME ITYPE	ORPRINTI) D. 2. SLIN	0	22e. ADDRESS			
F # 3 3	23a. I	BURIAL, CREMATION, REMOVA	1 236. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE

John (. Miller Inc-6415 Belair Rd. -21206

- STATE REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

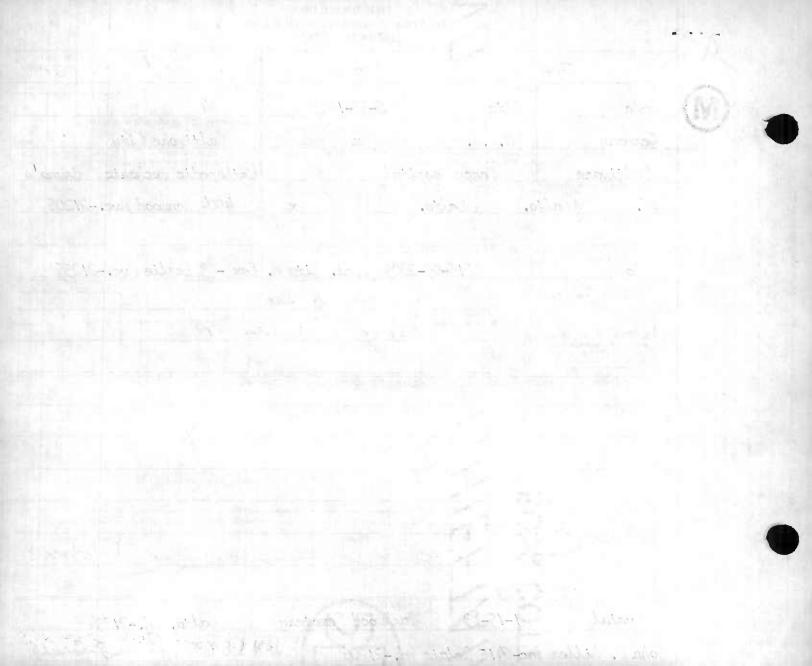
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

JAN 18 1982 Company Co



24 FUNESCHIMUNEK Funeral Home

3331 Brehms Lane, Balto, Md. 21213

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

6:35

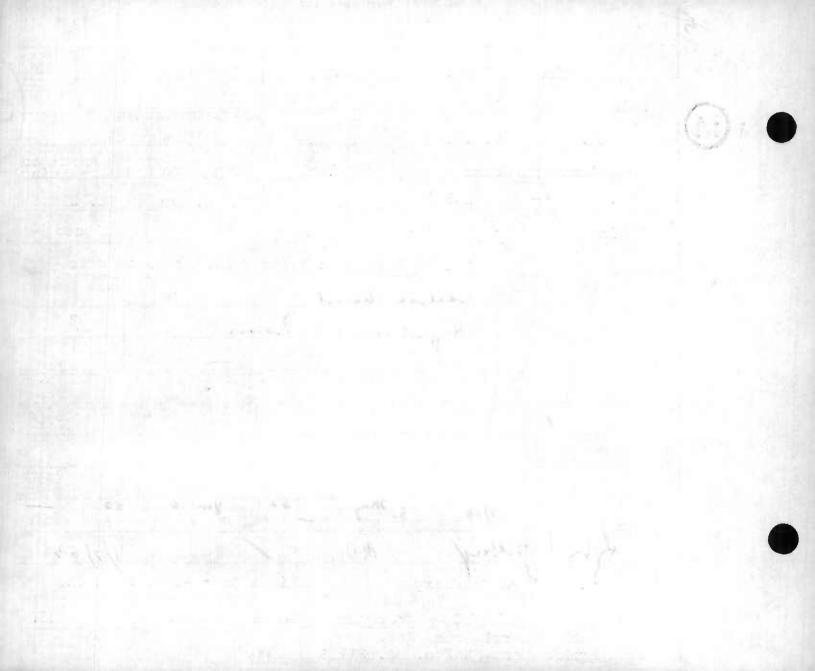
Smelting

STATE

Md.

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JE UNDER 24 HRS



C. 1. 11/1 Md. 21228

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

250. DATE REC'D. BY REGISTRAR 25b. REPARAR'S SIGNATURE

FOR

- STATE

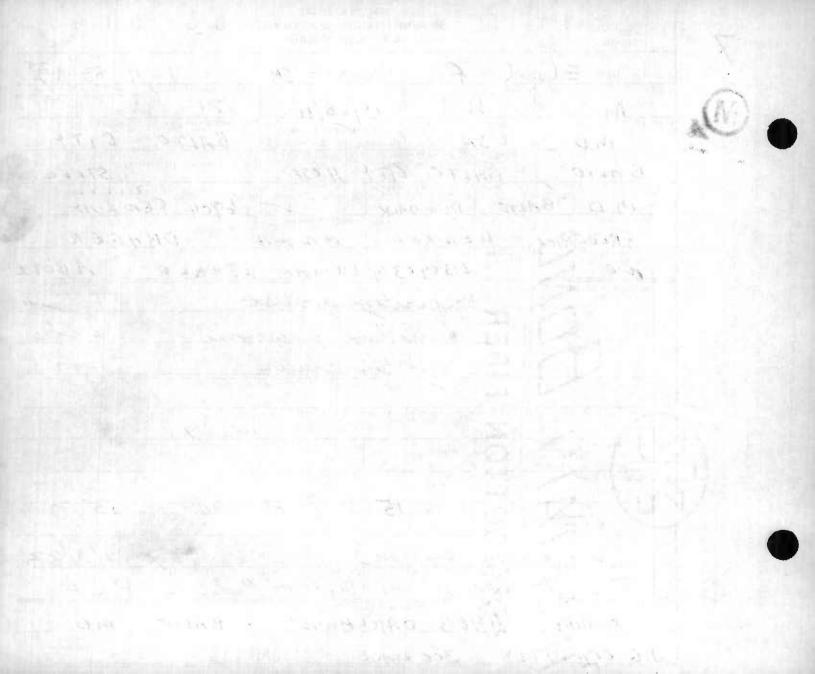
REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

A CONTROLL NOW TO THE WAY OF THE STREET we lot the Could the Size of the Actions, i.e. d. we are designed Schledere St. space a little Houselfold An. September Determination of the second second feet on From the Company of t NEW TO THE REAL PROPERTY AND AND ADDRESS OF THE PARTY AND ADDRESS OF TH

	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 1 4 9 0
moy be		CEASED NAME FIRST	and F	Wenker SR	REG. NO. 2a DATE OF DEATH MONTH 6 AGE (INYEARS LAST BIRTHDAY)	DAY YEAR 2b. HOUR 11 83 1 34 M IF UNDER 1 YEAR IF UNDER 24 HRS
9 (M) 4		M	W	MONTH / DAY / YEAR	7/ YR	MONTHS DAYS HOURS MIN.
deoth. P	3	THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO.	CITY MD.
s offer by the land	10. C	BALTO	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) H CST	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12 LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
24 hour	USU 13a.	AL RESIDENCE (IF NUR G HOME OR STATE	13c. City OR TOW	'N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21222
mpletely f]4 F/	THER'S NAME	MIDDLE WENKE	15 MOTHER'S MAIDEN N	AME MIDDLE DR	AFER
ond car		VAS DECEASED EVER IN U.S. AR. (ES.NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECULE WAR OR DATES) 2/3 89 6		ADDRESS WEWKER	ABOUT
equires that the death certifica in signed by the attending phys Then please remove carbanaps to burial, cremation, ar remove injury, or other traumatic event,	NO		Ly ane cause per line far (a), (b), and DBY: E CAUSE (b) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO I	ENCE OF JUNG PMIN	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 wks 1 yz GIVEN IN PART 1101
The low re ion. s has been it permit. item prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: The diding physician is certificate burial-transity from the Mental Hygier or Item 18 shown	MEDICAL CEI	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
or attent or attenth After thise os the l	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE , 19 8 3 , that (1) (we) last
hospital hospital hospital hed for usept. of Hem 21 is		saw the leceased glive an above (1) (we) did) (did na 22b. SIGNATURE	1111	, and that in (my) (aur) apinion	n death occurred an the date and	
0 0 0 0 5 2	É	TUPA 22d. PHYSICIAN'S NAME (14PE O	ran fr	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/11/83
TO HOSPITAL retoined by the TO FUNERAL should be detained by with the Store (MADORTANT:	22- 1	TUPA	RRAN JV	and Dept of	Medicina	BCH
BP		BURIAL CREMATION, REMOVAL	13/8 3 23c. r	AKLAWN	BALTE.	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR T. G. CONNE	LLY 300	MACE J	AN 1 1 1983	GISTRAR'S SIGNATURE



ST	AT	E	OF	MA	RY	LA	ND
		-					

8	3	0	1	4	9	

REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO.		
I DECEASED NAME FIRST	MIDDLE		AST .	20. DATE OF DEATH	ONTH / DAY / YEAR	2b HOUR
Cha	rles unkn	sown (Jest		1/17/83	5:55 A M
3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		R IF UNDER 24 HRS
MALE	Black	MONTH 3	DAY YEAR	78 yrs	8 YRS 10 13	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR		
Maryland	U.S.A	WIDOWE		Balto	City	MD.
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		ROTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
BAltimore	South Br	11 0	L Hosp.	U DIL DE		rere
BUAL RESIDENCE (IF NURSING HOME OF		OR TOWN	13d INSIDECITY LIMITS	. 6		Vensing Home
1. 1. 11111 4		30/40	YES NO	1213	Light St. Ba	Ho ml 2123
1 FATHER'S NAME		LAST	15. MOTHER'S MAIDEN		0	
UNKNOWN	MUDIE	LASI	UNICHOW A	MIDDLE	LA	AST
60 WAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMANT		Baltimore	Md.
UNICNOWN (IF YES, O	al3.	-18-9872	Federa	1 Hill Nurs	ing Home	,
18 CAUSE OF DEATH (Enter of	only one couse per line for (c	i. (b), and (c				XIMATE INTERVAL NONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY.	01			BUWEEN	ONSET AND DEATH
7795 IMMEDIA	ATE CAUSE (b)	reine Turm	overy tralun			
2/13	DUE TO, OR AS A CO	1 1 1	-			
Conditions, if any, which gove rise to immediate	(b)	Robable	Supsis			
couse (a), stating the	DUE TO, OR AS A CO	INSEQUENCE OF				
underlying couse lost	(c) 1	mmunis	WERKESSION			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDI	TION GIVEN IN PART 1	(0
o Possible	Seizune D	isonder '	, Organic 1	Brain Syndroad		
NO SSI DIE	196 CONDITION FOR	WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE FINDI	INGS USED
E				YES NOW	YES	NO [
	216. TIME OF INJURY	STU DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	MIN	19				
21d. INJURY OCCURRED	21e PLACE OF INJUR		21f. LOCATION			
WHITE NO! WHILE	(AT HOME, STREET, FACTOR	Y, OFFICE FARM ETC	STREET	CITY OR TOWN	COUNTY	STATE
22a.1 certify that (I) this has	oute attended the decess	14	14 10 8	13 10 1/17	2 22	
				on death occurred on the date	. 17	that (I) (we) last
obove, (1) (We) (did) (did r	ot) view the body ofter deat		DEGREE			
ZZO. SIGNATURE	0.1.		ATTENDING	MEDICAL STAFF	4 1	ESIGNED
22d PHYSICIAN'S NAME LYPE	Mowicz		PHYSICIAN			7/83
9.	1		22e ADDRESS		2 11	
	kowict		SBCH S.	HANEVER St. 1	SALYO MD =	21230
230 BURIAL, CREMATION, REMOVA			METERY OR CREMATOR		cousy 1	STATE
Burial	1/24/83	Janes	Cemetery	Chester	town, Md.	21016

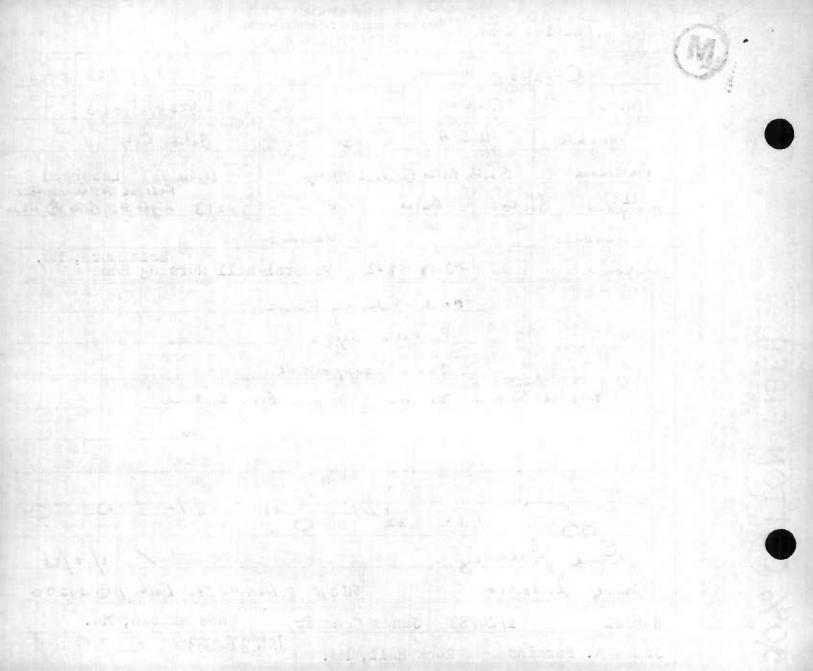
DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Item 18 shows ony injury, or other troumatic event, the

James A. Perkins

Charles West

Rock Hall, Md.



- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 12h AND OF BUSINESS OR INDUSTRY Harriet 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [COUNTY STATE 22c. DATE SIGNED

26 HOUR

HOURS.

IF UNDER 24 HRS

IF UNDER YEAR

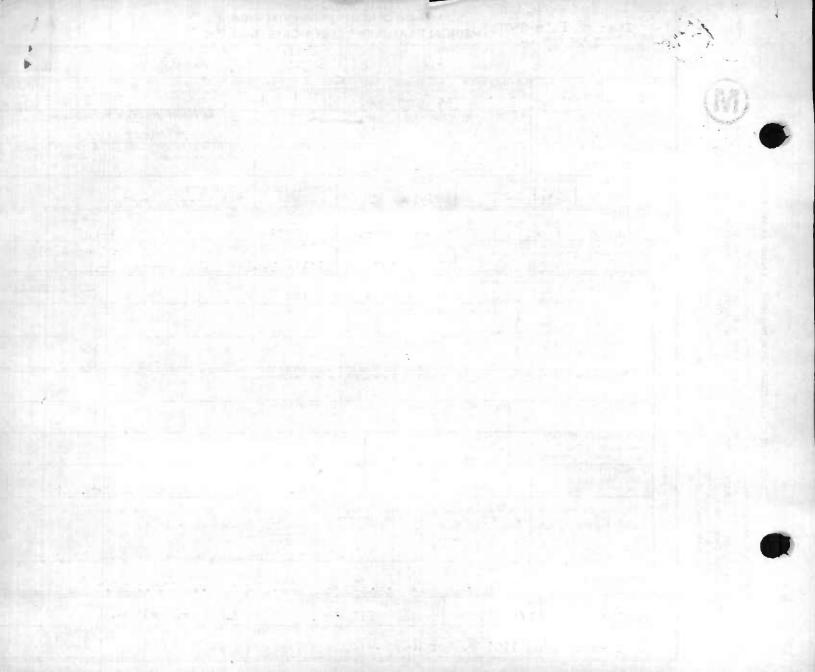
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		OR PRINT)	James	3		A.		2 (1	Whitk			Jr.	OF	ESTI- MATED		1 9		83	4
3.	SEX	4.	RACE	5. DATE OF			6 AGE (IN	YEARS IF L	JNDER 1	YR. IF UI	NDER 24	4 HRS 2	c. DATE				17		2d HOUR 2:02
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	/	M			US			WIDO	WED [] DN	VORCED		1	Balti	imore	e Cit	У		MD.
10		OR TOWN OF		11. NAME (OF HOSP	ITAL, NUI	RSING HO	ME, OR OT	THER INST	TITUTION	1		AL OCCU		(TYPE OF W	VORK 12b.	OR IND	OF BUS	INESS
110	2	altimor	e IN NURSING HOME	Unive															
	a. STA	TE	NJb COUN	VIY	UTION, GIVE	13t. CITY	OR TOWN	1		SIDE CITY LIM			ET ADDRI				211	17	
	EATI	MD HER'S NAME	Balt	imore		CW1	ngs M	1118	YES:		0 🔯		Kea	rney	Dri	ve 🏲	211	11	
1		FIRST		MIDDLE	T. TI. 1		LAST	C	13. MC	OTHER'S A		NAME	A	MIDDLE		10.5	LAST		
160	w WA		VER IN U.S. AR		5?	take	IAL SECUR	Sr.	17. INF	Lill FORMANT	16	1		ADDR	e e a	Alsto			
-		NO, OR UNKNOWN	(IF YES, GIVE	E WAR OR DATES)		215-	64-43	339	7.11	llie	Hen 1	1037	3/1/	Voca		Owing	s M	111	S
_		8 CAUSE OF D	EATH (Enter or	nly ane cause	per line f				11111	TIE	пеш	LEY	244	Real	пеу		APPRO	OMATE	NTERVAL AND DEATH
		PARTIDEAT	H WAS CAUSE	D BY: TE CAUSE (a)) G	unsh	ot wo	und d	of ch	nest						8	EIWEEN	UNSELZ	AND DEATH
1		1027		1	TO, OR A	S A CON	SEQUENC	E OF											
		gave rise	if any, which to immediate	e) (b)														
		lying cause	ating the <u>under</u> last,	DUE	TO, OR A	S A CON	SEQUENC	E OF											
Ь	-	APT 2 BYNER CICNI	ICANI CONDITIONS	(c)	D BEATH N	IT NOT BELA		SMINN ALS											
1 3		AKT & GTHEK SIGHT	KANI CONDITIONS	CONTRIBUTION	O DEATH BU	JI NUJ KELA	IEU IU INE IE	ERMINAL UISE	ASE OR CON	OILION PIAES	N IN PARI	1 (0)							
MOLTA DISITERS	Ĭ -	90 DATE OF OI	PERATION	19b. (CONDITI	ON FOR Y	WHICH OP	ERATION	WAS PER	FORMED?	?			_		20	0 AUTO	OPSY?	
	≝																YES	X)	NO []
		In EXTERNAL		HOI	TIME OF I	MONTH	DAY YE	AR 21c.	HOW INJ	JURY OCC	URRED	ENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2)			
3	~ _		CAUSE OF	DEATH 1:	33 _{xm}	1	9 19	83 su		t sh	ot								
000	DE V	VHILE TO		STR	REET, FACTO	RY FARM, ET	(AT HOME,		OCATION STREET				CITY OR TO			COUNTY			STATE
	A		TWORK	x s	tree	t	-	Ir		ec.	Sara	toga	a & E	remo	nt,E	Balto	.Ci	ty	
		22a I certify 1	hat I taak charç	ge of the remo	ains desci	ribed aba	ve, held an	Auto			pectian	∐.	Inquiry	□,	and in r	my apiniar	n		
		death resulted	from: Non	rel couses L	J. 1	Accident	Ш,	Suicide L	_	lamicide	_	Undete	rmined m	anner _	<u>_</u>].				
		CTUAL	HK	Die	ac	0				LE (SPECIF						ATE	1 /0	/0.3	
1	15	IGNATURE	11		_				м.D. <u>А</u>	ssis	Lant	_ MEDIO	EAL EXAM	MINER	S	IGNED	1/9	/83	
4	E (1	XAMINER'S NA	ME	Hormez	R.	Guar	d, M.	D.	_ADDRES	ss_11	1 Pe	nn S	St. E	Balto	. N	id.			
23		IAL, CREMATIC	N, REMOVAL	23b. DATE			IAME OF C	EMETERY	OR CREM	AATORY		23d. LOC	ATION			COUNTY		STAT	TE
-		Burial		1/13/8	33	Ce	dar	Hill	Cem.					runde		٥.		MD	
24	N	VERAL DIRECTO	rch F/F	H 1101	ADDRESS	Nort	h Ave			250. D	DATE REC	C'D. BY	REGISTRA	AR 25 RI	GISTRA	R'S SIGN	ATURE	el	
L	wm	. C. Ma	ren F/F	1 1101	L Ľ.	MOLL	II AVE	•			MA	111	403	12	un,	000		1	



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DIVISION OF VITAL RECORDS, ZOT W. PRESTON ST., BALTIMORE, MARYLAND Z 120	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer retained by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physician.

	1-	FOR - STATE REGISTRAR			DEPA		NT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATI		ENE 3 3	0	1	£3	9 4		
1		COR DRIVER	FIRST	,	MIDDLE		t.	AST			MONTH	DAY	YEAR	2b. HOUR		
	(1176	CHA	ARLIE	l	EROY		WH	ITE			1	31	83	11:20p₽		
	3. SE	Male	4.	RACE Bla	ck	5	DATE C			6. AGE (IN YEARS LAST BI	YRS.	MONTHS	DAYS	HOURS MIN.		
Ser le		IRTHPLACE (STATE OR FOR COUNTRY) N.C.	EIGN 76	76 CITIZEN OF WHAT COUNTRY? USA				NEVER MARRIE		9. BALTIMORE CITY O		Y OF DE	OF DEATH MD			
Served S	_ E	ITY OR TOWN OF DEATH	VAMC	BALTIM	ÖRE	, MA	RYLAND 212		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)		IFE) IND	126. KIND OF BUSINESS OR				
記	13a. S	AL RESIDENCE (# NURSING	COUNT		Balt!			13d. INSIDE CITY LIA YES NO [AITS?	130. STREED 504RESS	. Mi	21 lto	205 n Av	venue		
W.		ather's name Charlie	MH	DDLE	White	е	Sr.	15. MOTHER'S MAID MEST		MIDDLE		Ta	ayľ	or		
medical	160 V	YAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	213 1			17 INFORMANT Harriet	Whi	ite 1054		ilt	on A	Ave.		
injury, ar ather traumatic e		Conditions, if any, v gave rise to immer cause (a), stating underlying cause	which diote the last.	(b) (c)	R AS A CONSE	EQUENC	CE OF		(d A)	V	L IDITION G	IVEZ IN E	2 m	worthy		
Àu o	CERTIFICATION	19a DATE OF OPERATIO			INTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM					200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO						
em 18 show		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME O HOUR A	M. MONTH	DAY	YEAR	21c. HOW INJURY (OCCURRI	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)			
rked or Item	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK		218 PLACE (OF INJURY BEET, FACTORY, OF	FICE FARM	A, ETC)	211 LOCATION STREET		CITY OR TO	OWN	CO	UNTY	STATE		
Nem 21 is marked		220.1 certify that XI (the saw the deceased above, XI (we) (did 27b_SIGNATURE	olive on_	LANHAR	2V 31		33_, on			, toJANUAR eath accurred on the d		iur and fr	ram the	that XII (we) last couses stated SIGNED		
MPORTANT: #		220 PHYSICIAN'S NAM	E (TYPE OR P	. 1	KOVE	- 11	~I)	ATTENE PHYSIC 22e ADDRESS		MEDICAL STA		21	VI	83		
W.	23a. E	BURIAL, CREMATION, RE	MOVAL	23b. DATE 2/5/8		23c NA		EMETERY OR CREMA		23d LOCATION Laure		COUN	TY	MD ^{STATE}		

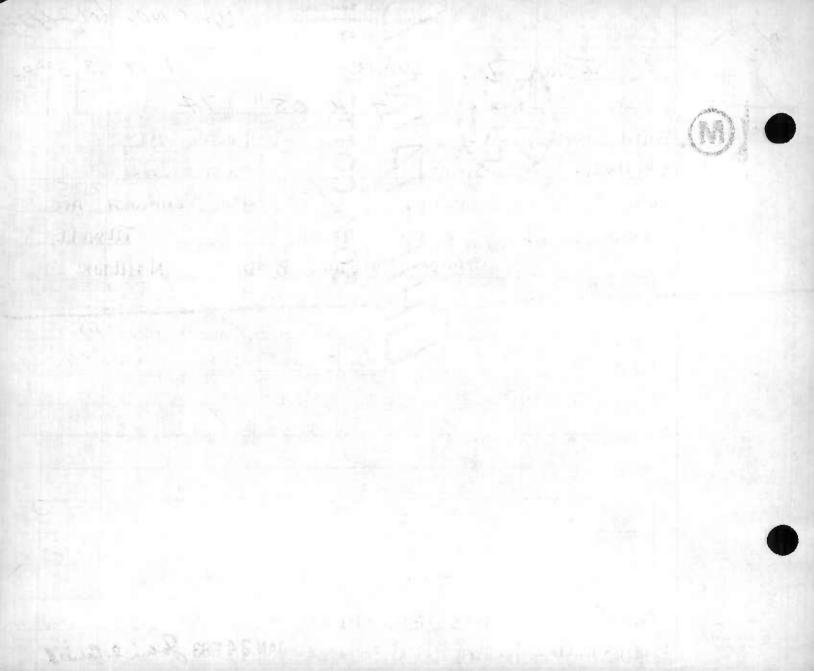
BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

24 FUNERAL DIRECTOR
Wm: C. March F/H 1101 North Ave.

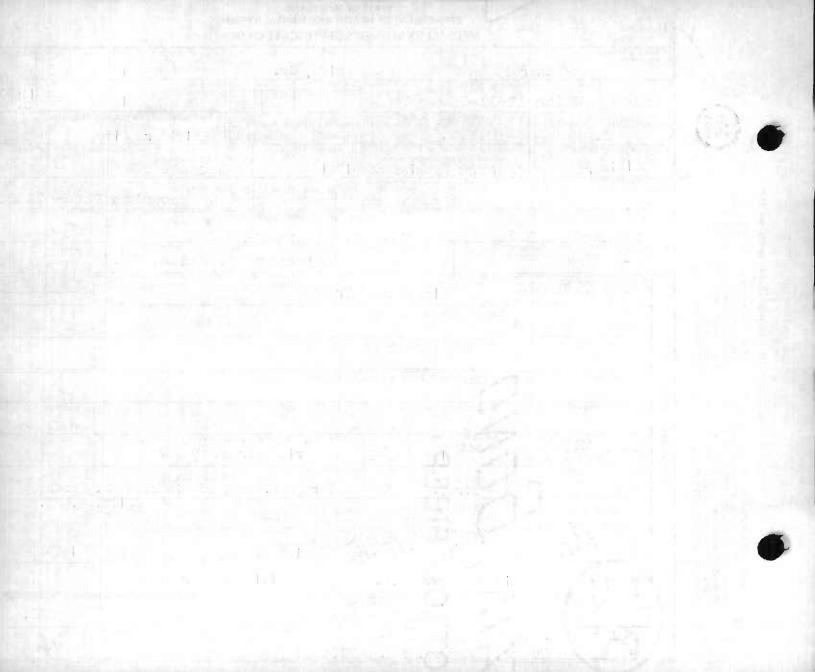
MD





DEPARTMENT OF HEALTH AND MENTAL HYGIENE? - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (THRE OF FRINT) ESTI-White, Jr. DEATH MATED 1983 Leonard 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE 1:30 LAST BIRTHDAY PRONOUNCED 12-11-75 1983 White Male a. M 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X OREIGN COUNTRY U.S.A. Md. Baltimore City WIDOWED [DIVORCED LITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Student Hopkins Hospital Johns AL RESIDENCE (IF IN NURSING HO 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4425 Macworth Place 21236 Baltimore Balto YES T NO X I FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Grey White, Sr. Carolyn Allen Leonard 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. same (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Leonard A. White, Sr. (address) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Closed Head Trauma IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "FPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFFER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES 🗌 NO IX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XXOR HOURSAN MONTH UNDERLYING pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY SATHOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Eastern Ave. east of Kingston Rd., Essex, AT WORK NOT WHILE street AT WORK Balto.Co.,Md. Inspection X 220 I certify that Look charge of the remains described above, held an Autopsy Hamicide Undetermined manner 1 - 7 - 83Assistant III Penn Street Dennis F. Smyth, EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Balto. COUNTY Må. St. Stanislaus Burial 1/10/83 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUSCHIMUNEK Funeral Home, Inc. **DHMH - 17** 9705 Belair Rd., Balto. Md. 21236 (VR A15 ME (5))

20M 4/B2



1101 E. North Ave.

- STATE

24 FUNERAL DIRECTOR

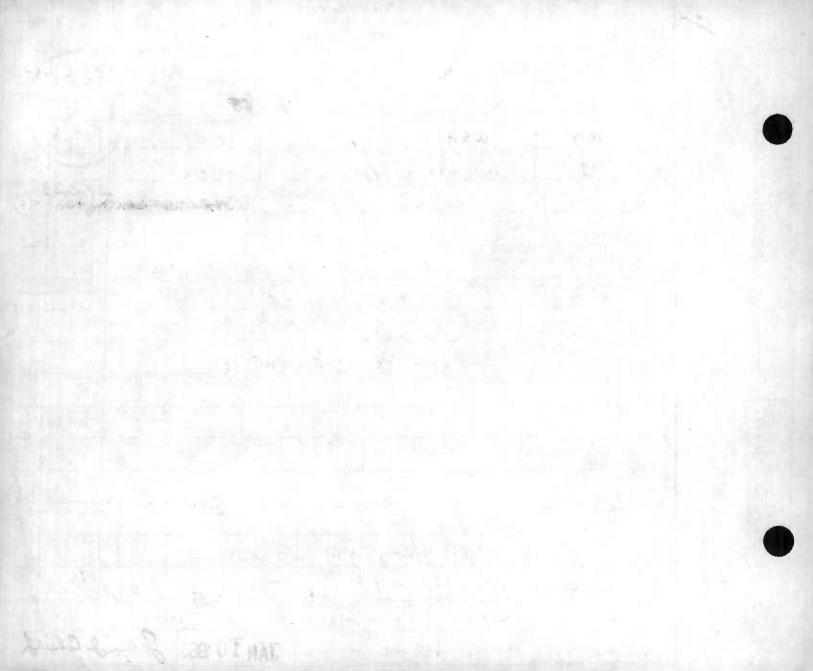
Wm. C. March F/H

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS,

THE STATE OF THE S BURNEY TO THE REAL PROPERTY. Little and Aller white next is not 27

l &	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	0 1 49 7 7
	1. DECEASED NAME FIRST	MIOOLE	LAST	20. DATE OF DEATH MONTH	1.0 7.0 0
be h	Walter WAL	MOT	WHITE III	HAL	. 3 1983 625 PM
(M)	3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH OAY YEAR 191	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
2 1	To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR COL	
neoth.	Md.	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIP	NO A E MD.
at a the	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Employer Con	12b. KIND OF BUSINESS OR INDUSTRY
120 ours	USUAL RESIDENCE (# NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
AND 2 filled hould b	MARYLAND 136. COU	NTY 13c CITY OR TOW	DRE YES. NO [30 STREET ADDRESS	GREEN AVE.
with with d 2 s	14 FATHER'S NAME FIRST	MIOOLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
M de de		lton White,		ADDRESS	Doyle
ORE,		RMED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS B	Balto., Md.
De e e race no e rs. Po	No	219-05-4	220 Louise Whi	te 3012 Eve	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or obtaining physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to buriol, cremation, or removal. or ked or them 18 shows any injury, or other traumatic event, the medical programmer and staben or the contract of the contra	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOUR (b) DUE TO, OR AS A CONSEOUR (c)			
RDS, 20 equires 1 equires 1 Then ple 1 to burin injury, a		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	N GIVEN IN PART 110
he low r oo. hos bee t permit.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ON OF VITAL R. HYSICIAN: The It dring physicion. is certificate has buriol-transit per Mental Hygiene Arental Hygiene or Item 18 shows	OR COMMUNIC COMMON OF DE		AY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
DING PHYSICIA or ottending ph After this certifi e os the buriol-tr oith and Mental marked or them 1	THE INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND option of TOR: A for use of Heal	sow the deceased alive or	ital) attended the deceased from 19 AN 3 19 19 19 19 19 19 19 19 19 19 19 19 19	30 , and that in (my) (our) opinion	on death accurred on the date on	d hour and from the couses stated
At OR A: the hospital DIREC detoched ote Dept.	226. SIGNATURE	ovelind.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL C retoined by the TO FUNERAL E should be detoi with the Store L IMPORTANT. If	22d. PHYSICIAN'S NAME (TYPE)	SOOD MO.	GOOD		HOSPITAL
75 F 4 3 3	23a BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY STATE
BP	Removal	1/4/83			
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Anatomy Board	Balto., Mo	250	ATRESTO. BY REGISTRAR 256 RI	EGISTRAR'S SIGN CURE

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	example that the action			
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FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

Jackson Louise W. Leavitt, Santa Rosa, CA 10 mir PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE \$2-, and that in (my) (and apinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED COUNTY STATE Cremation 1/15/83 Green Mount Balto. 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 4905 York Road Balto., MD 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

6:45

126 KIND OF BUSINESS OR

Medicine

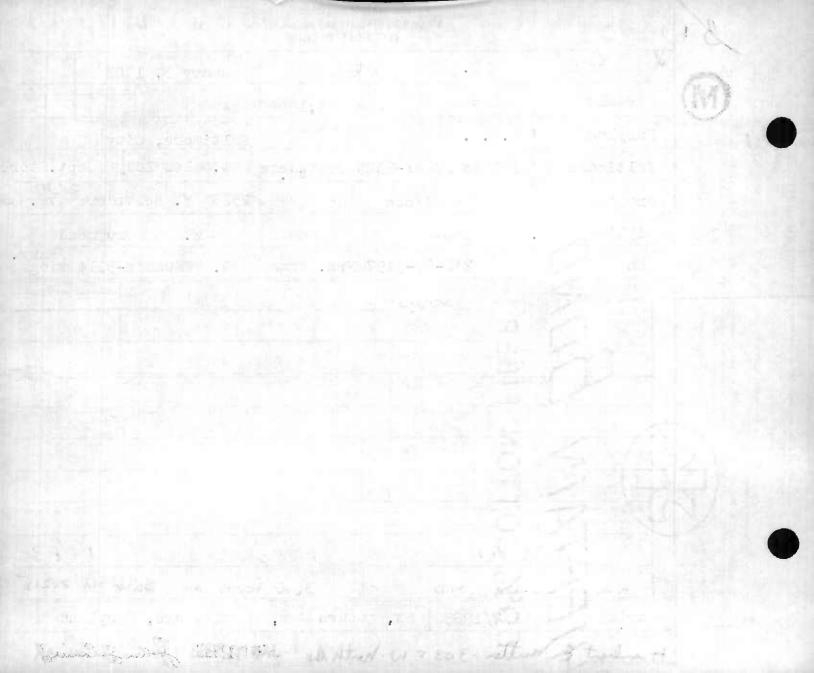
IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

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1	1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	REG. NO.	UI
		CEASED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH MONTH DAY YEAR	2h HOUR
	(TIPE	ORPRINT) Selma	С.	Why	te	January 3, 1983	
1/6	SE		₹ RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR	
1		Female	Black	Ja	n °3,1898	84 YRS MONIHS DAYS	HOURS MIN.
	E BI		76 CITIZEN OF WHAT COUNTRY	/2 8		9 BALTIMORE CITY OR COUNTY OF DEATH	
35	1	Maryland	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore, City	
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION		OF BUSINESS OF
0		Baltimore	Pimiles Mario		5 Belyedere	TREETONS ALIES OF TIAD YOUS DE	ept.Sto
35	30 5	at RESIDENCE I F NURSING HOME OR ITATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEEC TY 131. CHY OR TO BALTIM	ore admission	13d INSIDE CITY LIMITS? YES (2) NO []	1325725ADDREWS. Belvedere	21215 Ave.
		THER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NA		
00		Villiam E.	Grant		Námnie	Drumm'c	nd
1		AS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS	Pkwy
I = I	(1	ESTOOR UNKNOWN) (IF YES, GIVI	212-03	-3197	Mrs. Irma	G. Edwards-3114	Tioga
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9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	200 AUTOPSY? 20b. IF YES, WERE FINDING CAUSES	NGS USED OF DEATH?		
5	CERT	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	140
		OR CONTRIBUTING CAUSE OF DEA					
-/-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	19	211 LOCATION		
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TOWN COUNTY	STATE
7 -		220. I certify that (I) (this haspit	all attended the deceased from		19		that (1) (we) las
		saw the deceosed alive an abave, (I) (we) (did) (did nat				leath occurred on the dote and haur and from the	
State Dept. of		22h. SIGNATURE) view the body ofter death.		DEGREE	22t DATE	
		O, xle	i ms		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/83
					22e. ADDRESS		-
		22d. PHYSICIAN'S NAME (TYPE OF				Code lone Ballo, Md	21215
1	73e B	NAOmi Cu	41ER , MD.	NAME OF C	3640	Fords Lane, Ballo, Hd	21215
			+1ER , MD .	NAME OF C		23d, LOCATION	
	-	NAOMI CU	+1ER , MD .	NAME OF C	3640 EMETERY OR CREMATORY Uburn Cem.		and STATE



oy be age 3 deoth	1. DECEASED NAME (TYPE OR PRINT)	MATILE	A	WEFLA	NB NB	20. DATE OF DEATH	MONTH DAY	1193	8 55 PM
ge 4 moy ector, pag	FEMAL		GAUCASSIAN	5. DATE OF BIRTH	PAY YEAR 1916	6. AGE (IN YEARS LAST BIR	YRS.	THS DAYS	HOURS MIN.
mercol.	70. BIRTHPLACE (STATE COUNTRY) BALTO,	Md	U-S-A	WIDOWED	EVER MARRIED DIVORCED	9. BALTIMORE CITY S	IMORZ		M
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in 24 hour	MARYLAN I	D 13b. COUNTY	R INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 8ALT[M	ORE YES		13e. STREET ADDRESS	DLEA	AVE.	2120
Completel.	14. FATHER'S NAME	LIAM MIDDE	KABBE	RTE	THER'S MAIDEN NA	MIDDLE	DR	EYho	FF
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oy the ho by the ho RAL DIRE detoched frote Dep	22b. SIGNATURE	book	md	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	CIAN NO	22c. DATE SI	1983.
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BP	230 BURIAL, CREMATIO		-	-	WATIONA	23d. LOCATION CITY OR TOWN BALT	MERE.	OUNTY	Md.

- STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

3.14/137 SALES AND A CONTRACT OF THE PERSON OF THE PE MALE AND THE WASHINGTON TO THE PROPERTY OF THE PARTY OF T The Established Three States on Milke 19-12 Set a made and an analysis of the second day of the transfer of the transfer of the tenser of the t Control of the second of the second

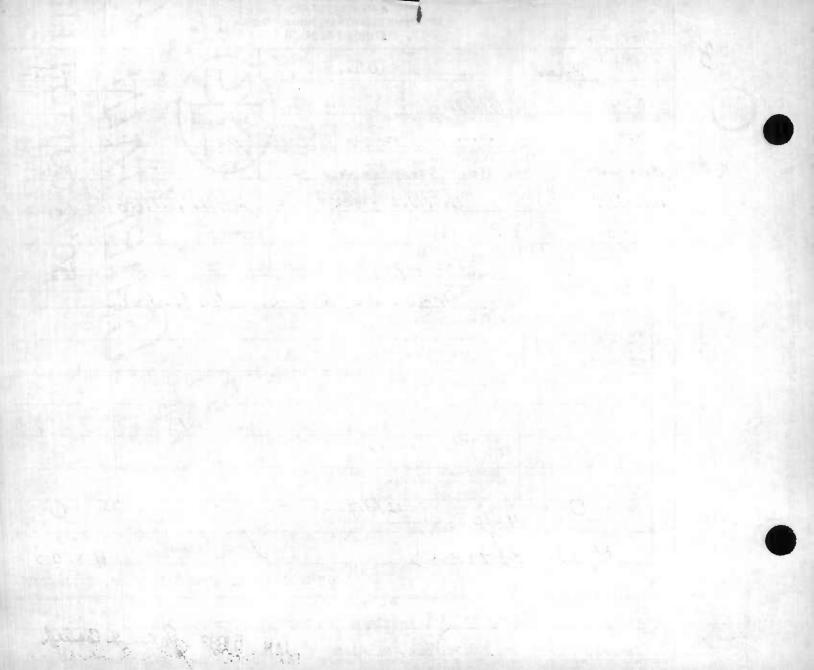
FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE PEG NO DATE NO. PEAR P							STA	TE OF	MARYLA	ND							
DECEMBER 1933 DATE PROUNT CANADAM PROPERTY DEATH MATER D	1	1- STATE MEDICAL EVANINED/S CERTIFICATE OF DEAL								1 5 0 3							
Elizabeth I. Wilcox DIATE MARED DIATE SITE 12 19 83 M M PERMALE CAUC. DIATE OF BRITH LA AGE INVESTED TO REPORT				FIDST	ME		EXAMI	AEK 2		CATEO	IF DEA	I II		-			
SERVING CONTROLLED FOR THE SERVING STATE AND STATE OF BUTTH THAT STATES AND S												OF	ESTI-	X WONIE		YEAR	Zb. HOUR
PEMALE CAUC OAD OAD TAM LOSS BRITOCH DATE DATE OAD O	L					7.0							MATED	1			
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MARKED D NOWER DEATH IN NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH IN NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. STAND OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. STAND OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. STAND OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. STAND OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. STAND OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. STAND OF HOSPITAL NURSING HOME, OR STAND HOME ID. STAND OF HOSPITAL NURSING HOME, OR STAND HOME ID. STAND ID. S	H			UC.	31 31	16	66	rs.				DEAD		1			РМ
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BALTIMORE St. Agnes Hospital JUAL RESIDENCY OF INNUSE OF PRANSHOP OF INSTRUMENT OF PRANSHOP MARYLAND BALTIMORE METSEL IIS MOTHER'S MAIDEN NAME CATHERINE MODE MARTICLA AVE. ADDRESS MARTELL AVE. APPROXIMATE THE MAIN OF MAINT OF MA	10.	CITY OR TO	WN OF DEAT	н					HER INSTITU	NOIT				YPE OF WORK			
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I. FATHER'S NAME	[7	WARYL	AND .	BALT	IMORE	BAI	OMIT	RE	and the same					Τ.Τ. Δ	WE.	212	22
GEOURGE WAS DECEASED EVER IN U.S. ARMED FORCES? NO. 186 SOCIAL SECURITY NO. 211, INFORMANT ADDRESS BARRY I. WILCOX 7225 MARTELL AVE. 187 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART IDEATH WAS CAUSED BY: 4 2 9 IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course (o) taking the under lying grove loss. (c) PART 2 DIRECTION (or PERATION INDUSTRIES OF CONSEQUENCE OF COURSE (o) HONOR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DIRECTION (OR PERATION INDUSTRIES OF CONSEQUENCE OF (c) PART 2 DIRECTION (OR PERATION INDUSTRIES OF CONSEQUENCE OF (c) PART 2 DIRECTION (OR PERATION INDUSTRIES OF CONSEQUENCE OF (c) PART 2 DIRECTION (OR PERATION INDUSTRIES OF CONSEQUENCE OF (c) PART 2 DIRECTION (OR PERATION INDUSTRIES OF CONSEQUENCE OF (c) PART 2 DIRECTION (OR PERATION INDUSTRIES OF CONSEQUENCE OF (c) PART 2 DIRECTION (OR PERATION INDUSTRIES OF CONSEQUENCE OF (c)) (c) PART 1 DEATH SIGNIFICANT CONDITIONS (ON PRINTING ID BEATH NOT ROLL FROM THE TERMINAL DISEASE OF CONDITIONS GIVEN IN PART 1 (a) DUE TO, OR AS A CONSEQUENCE OF (c) (c) PART 2 DIRECTION (OR PERATION INDUSTRIES IN PART 1 (a) PART 1 (14.				0016						N NAME			JU A	* 1114		
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)	D	GE	RGE	M	IOULE	ME]	CSEL		1	CATHE	CRINI	S "	NOULE		P49		-
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The cause of Death (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease			IKNOWN)	(IF YES, GIVE WAR	OR DATES)	241	041.0	48	RADI	DV T	LITI	COV	7221	C MA	DUD.	TT A	VE
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ACTUAL SIGNATURE		death re	sulted fram:	Naturals	auses X	Accident	, s	vicide _	, Hami	cide .	Undete	rmined mo	onner	,			
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County C				,	1									3,31		. (29)	
230 BURIAL, CREMATION, REMOVAL 235 DATE 1/17/83 236, NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY 231 LOCATION CITY OF TOWN BALTO BALTO MD.	4	EXAMINE (TYPE OR	PRINT)	Horme	z R. Gu	ard,	M.D.		ADDRESS_	111	Pen	n St.	Bal	Lto.	Md.	190	
BURIAL 1/17/83 OAK LAWN CEMETERY BALTO BALTO MD. 11. FUNARACPIRECTOR 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE	23					23c. N	NAME OF CE	METERY			[23d, LO	CATION					ATE
14. FUNABAC DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		BURI.	AL	1/	117/83	0.4	AK LA	WN C	EMET	ERY	CHYC	BALT	0 .				
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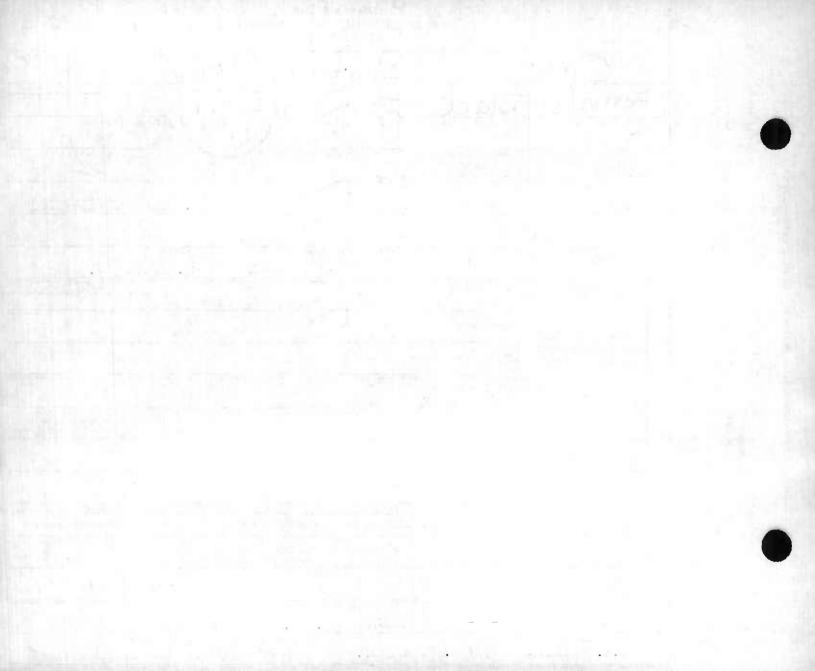
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(VR A 15 (4))



Henry W. Jenkins & Sons Co.

21212

4905 York Road Balto., MD

FOR

- STATE

I. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6

REG. NO

2b. HOUR

126. KIND OF BUSINESS OR

Own Home

IF LINDER 24 HRS

IF UNDER I YEAR

INDUSTRY

COUNTY

COUNTY

Balto

22¢ DATE SIGNED

MD

STATE

STATE

20 DATE OF DEATH

· · Eliterate Edge voc tur in home Homen was a Sun Home chedico. Dr. Joseph W. Zelley, M. E. Ballos Ensemmount was, Ealto, http:// Euris! Towns I Western Cametary Eathon, the war ins a sone Co.

FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

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marked or

21 is

MPORTANT

CERTIFICATION

MEDICAL

Male To. BIRTHPLACE (STATE OR FOREIGN

Massachusette ID CITY OR TOWN OF DEATH

Maryland

(YES, NO OR UNKNOWN)

14 FATHER'S NAME

UNUAL RESIDENCE (IF NURSING HOME OR OTHER INS

160 WAS DECEASED EVER IN U.S. ARMED FO

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

3. SEX

FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE & S	0	1507	
FOR STATE REGISTRAR EASED NAME FREST Frederick Male White Apr Male White White Apr MARK SSACHUSETTE FROM INTRIVIOUS AND INTRIVIO		AS1	20. DATE OF DEATH		Y YEAR 26 HOUR				
OR PRINT)	Frede	rick	J. Wi		lley	January 1	2, 198	3 1:10 P. _M	
Male			ite	Apr.	12, DAY 1906 EAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR IF UNDER 74 HRS	
assachuse	HPLACE (STATE OR FOREIGN NIRY) SSACHUSETTE OR TOWN OF DEATH BALTIMOTE RESIDENCE (IF NURSING H ME OR OTHER INSTITUT TE			? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City Baltimore City			
						Underwrite		126. KIND OF BUSINESS OR	
L RESIDENCE (IF N LATE Laryland	N3 COUR	VTY	13c CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	olm Ci	rcle 21030	
Frank AS DECEASED EV	ER IN U.S. AR	MED FORCES?	Willey	URITY NO.	IS MOTHER'S MAIDEN NAME FIRST Etta 17 INFORMANT Mrs. Esther A	ADDRE		Santree # 13	
H360	MAS CAUSE IMMEDIA ony, which	TE CAUSE (a)	C VA	JENCE OF				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AMAGE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AMAGE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSE	
cause (a), st	ating the	DUE TO, O			4			years.	
PART 2. OTHER S				DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(0)	
9a DATE OF OPE	RATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X		WERE FINDINGS USED NG CAUSES OF DEATH?	
21a. ACCIDENT WAS	UNDERLYING	216. TIME O		VE 45	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	I I OR PART 2)	

21a. ACCIDENT WAS UNDERLYING 21b. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OR TOWN COUNTY

NOT WHILE (this hospital) attended the deceased from 22a 1 certify the deceased a abay D 22b. SIGN

and that in (our) opinion death occurred an the date and have and from the couses stated DEGREE 22c DATE SIGNED

23d LOCATION

22d. PHYSIC SNAME THE OF SHIT Lee E. Gresser M.D.

4502 N. Charles Street

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

22e ADDRESS

STREET

CITY OF LOWN COUNTY Baltimore Maryland

STATE

STATE

DHMH - 16 50M 1/81

Ruck Towson Funeral Home, Inc. 1050 York Road

1/15/83

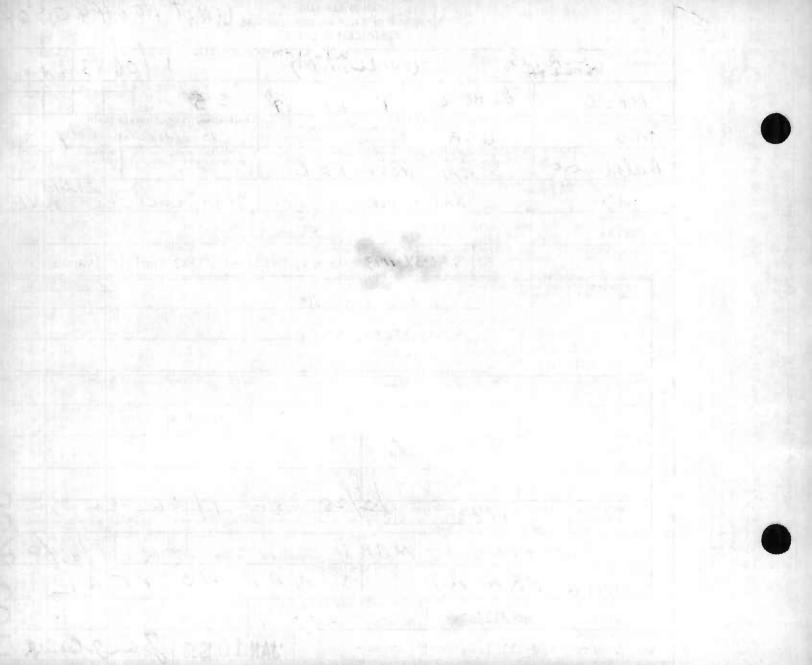
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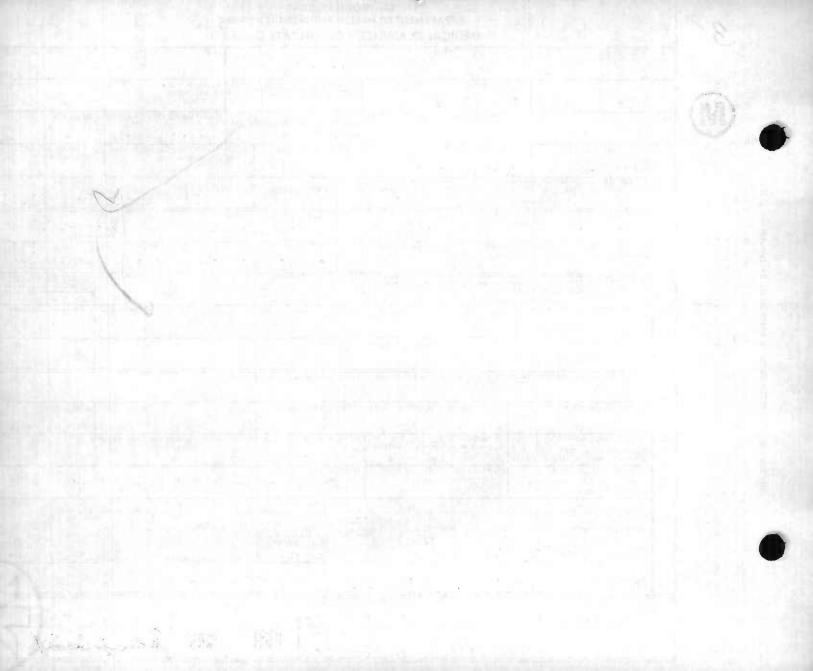
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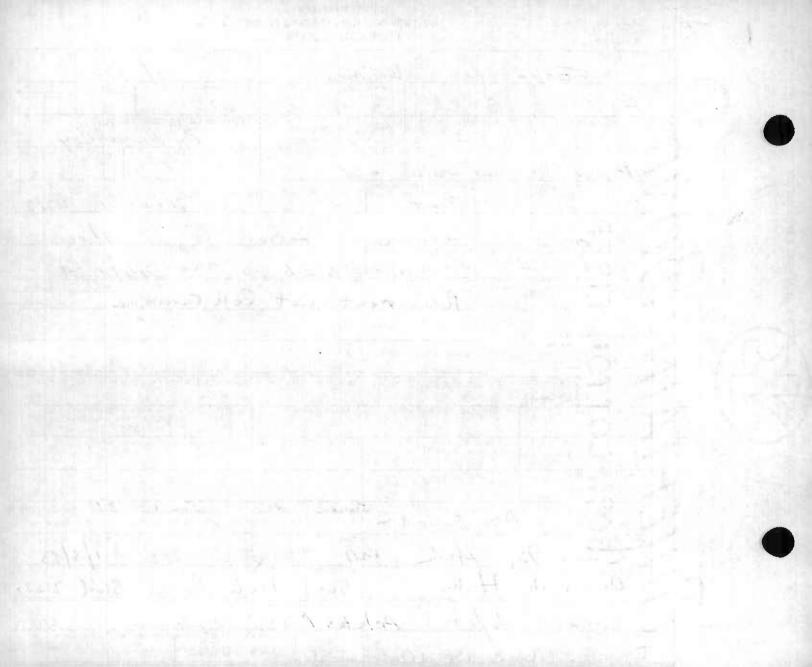
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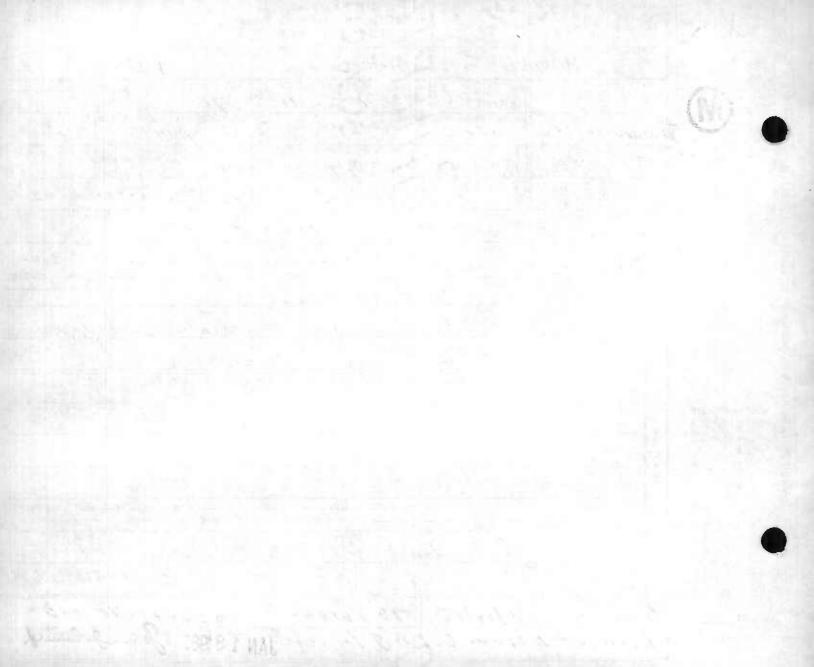
comb Bounds Towns promotor to 111218 Course through the rate and rest many land 17163 - True Court

15	1.	FOR STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	Ng, 194	0504
(M)		CEASED NAME OR PRINTS	A'S MIDDLE	(WIL	LIAM AMS	20. DATE OF DEATH MON	OR 83	1 P- 4 M
ge 4 ma rector, p	3. SE	MALE	BLAC	E S. DATE		6. AGE (IN YEAR) OF BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	MARRIE			ounty of DEATH	Y MD.
by the filed with	1	almore	(IF NOTIFICILE OF ACIL	TY, GIVE STREET ADDRESS) A KOS	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WO		BUSINESS OR
filled in fould be france be	13a. :	MD 136. COU		ESIDENCE BEFORE ADMISSION! LITY OR TOWN A C T / NORD		000	1116	A VE
completely	14. FA	THER'S NAME Wille	MIDDLE	illiams	Bessie	WIDDLE	Locks	
n ond Poges	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b S VE WAR OR DATES) 9	SOCIAL SECURITY NO -40-34-1193	Laura R. Wil	liams 3523 L	ucille Aven	ue
squires that the death certificate by signed by the attending physicio. Then please remove carbon papers, to buriol, cremation, ar removal njury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stofting the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	A CONSEQUENCE OF		MINAL DISEASE OR CONDITI	ON GIVEN IN PART 110	
te hos been sit permit. I giene priori	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20 To be done IN YES NO	b. IF YES, WERE FINDING I CERTIFYING CAUSES O YES	GS USED OF DEATH?
certifico priol-tror entol Hy them 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	HOUR A.M. / P.M. 21e. PLACE OF IN	MONTH DAY YEAR	211. LOCATION SIREET	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2) COUNTY	STATE
URECTOR: Area mis oched for use os the bu Dept. of Heolth and M If them 21 is morked or	2	WHIE NOT WHIE 220.1 certify that M (this hasp sow the deceased alive or above, (I) (we) (did) (did and 22b. SIGNATURE	ital) attended the deco	eosed from 19 8.2, o	nd that in Lary (our) opinion DEGREE	death occurred on the date of		
to FUNERAL D should be detoc with the Stote D		Mana 22d PHYSICIAN'S NAME (TYPE) UMA	PRASA	1 D	220 ADDRESS S/WA	MEDICAL STAFF DIRECTOR PHYSICIAN	PITAL	6/83
Bb To Fund & with the MADORT	23a. 1	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 1/11/83		emetery or crematory Memorial Pk.	23d LOCATION CITY OF TOWN Arbutus	COUNTY	MD STATE
MH - 16 50M 4/82 (VRA 15, 4)	24. F	INERAL DIRECTOR m. C. March F/I	H 1101 E.	North Avenu		N 1 0 1983	S Cu J. C	RE Whielf

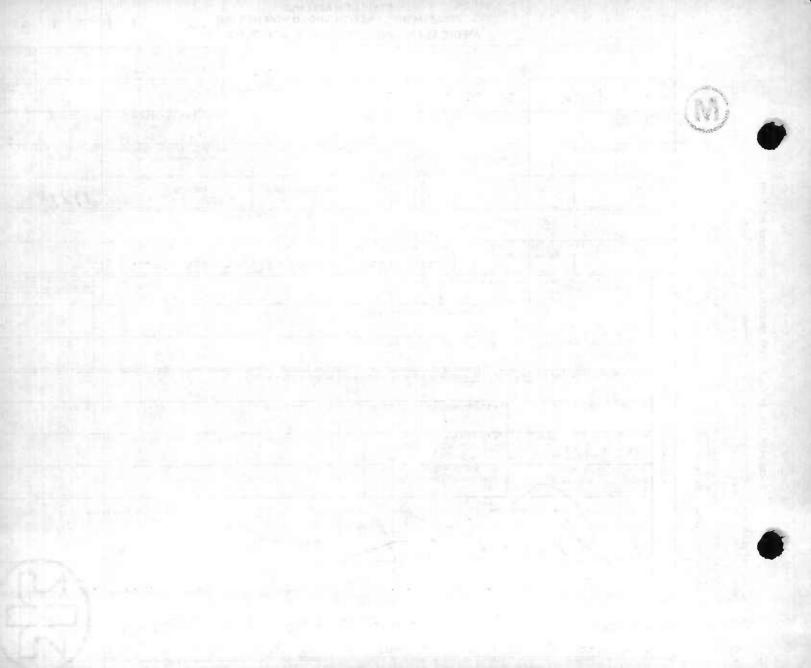


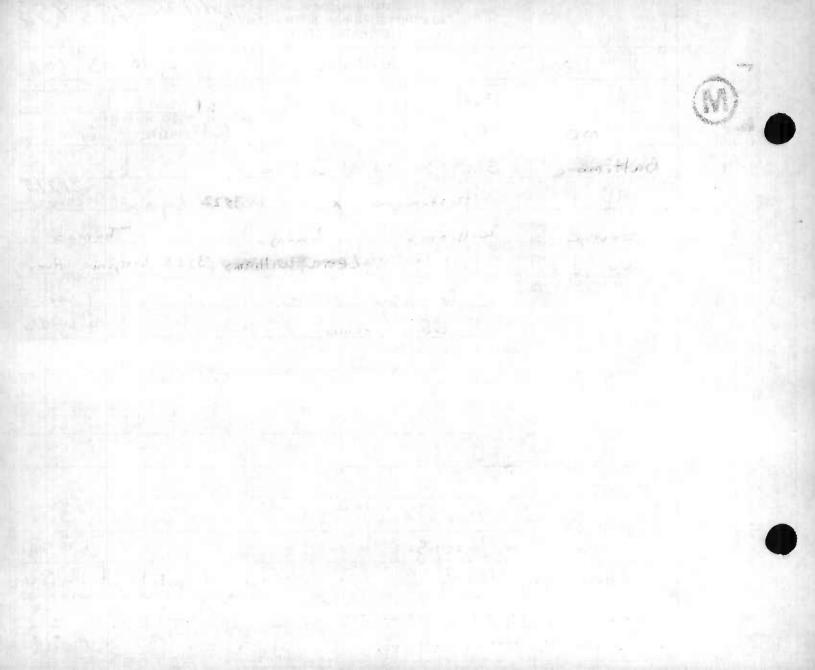


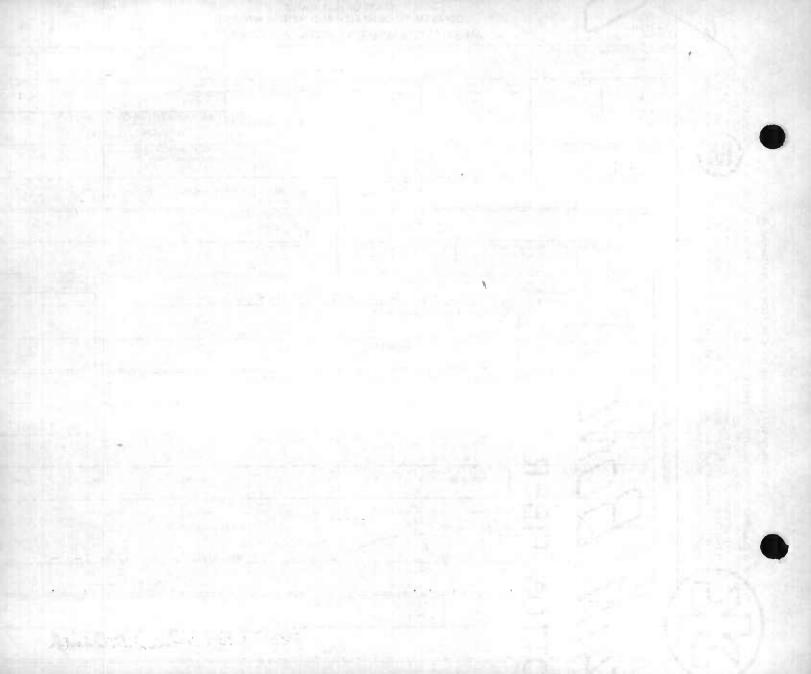


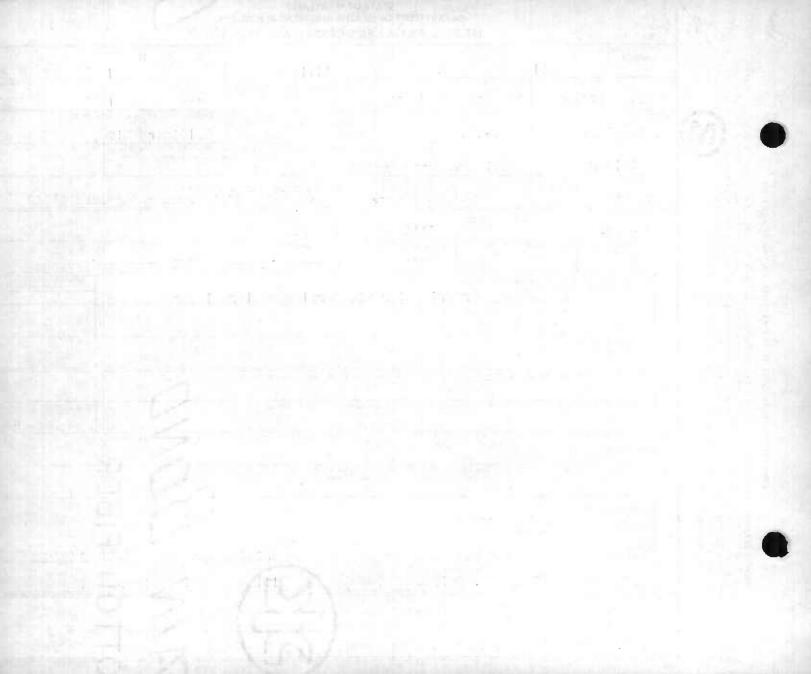


3	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 5 1 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR									2	
		CEASED NAME PE OR PRINT)	JOSE	- PH	WIDDLE	WI	LLIAMS. SR	OF	E KNOWN X	1 9	19 83	26. HOU
	3 SE	ile	4. RACE Black	5. DATE OF BIRTH			NDER 1 YR. IF UNDE	R 24 HRS. 2c. DA	ATE DUNCED AD		19 83	2d HOU 8:33
	79 B	RTHPLACE (ST	ATE OR		USA S. MARRIED S. MARRIED S. BALTIMORE CITY OF COUNTY OF DEATH							
		TY OR TOWN O		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (170 OF WORKING LIFE) 120 USUAL OCCUPATION (170 OF WORKING LIFE) 2908 The Alameda							OR INDUST	JSINESS RY
	USU			OR OTHER INSTITUTION, GIV	13c. CITY OR TO	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore		13e STREET ADD	oress The Alan	11ameda 21218		
	14. F	ATHER'S NAME FIRST Edward		MIDDLE	11iams		15. MOTHER'S MAID Annie		MIDDLE		LAST	
		WAS DECEASED	EVER IN U.S. AR		251-64		Janie Wil	lliams 32	ADDRESS 9 E. 20t	h St.		
	N	gave ris cause (a) lying caus		h e (b)	AS A CONSEQUE	ENCE OF	E OR CONDITION GIVEN IN P	PART 1 (q),				
	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	H OPERATION V	/AS PERFORMED?		15		2D AUTOPSY	? No K)
	AL CERT	UNDERLYING	OR CAUSE OF		MONTH DAY	YEAR	OW INJURY OCCURR	RED (ENTER NATURE O	E INJURY IN ITEM 18 PA	ART 1 OR PART 2)		
	MEDICAL	21d. INJURY O WHILE AT WORK	NOT WHILE		OF INJURY (AT H ORY, FARM, ETC.)		CATION STREET	CITY OF	TOWN	COUNTY	,	STATE
	/	22a. I centil death results ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	NAME The	omas D. Sm	ith, M.	Aucide	Hamicide TITLE (SPECIFY) Deputy C	undetermined Chief MEDICALEX Penn St.	manner	3101112	1-10-8	100
	23e. B	URIAL, CREMAT SPECIFY) Jrial	TION, REMOVAL	1/15/83		of CEMETERY C		23d. LOCATION CITY OR TOWN		COUNTY	SI ME	TATE
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE TO BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	B1	urial uneral Direc		1/15/83	Balt	imore Ce	emetery	Balti EREC'D. BY REGIS	more TRAR BLAEGIS		MI	









1						MARYLAND				
-11	FOR STATE					H AND MENTAL	0 0	0	5 1	0
1	REGISTRAR		ME		MINER'S	CERTIFICATE (OF DEATH	REG. NO.		
	ECEASED NAM	E FIRST		MIDDLE		LAST	20. DATE K	NOWN A MONT	H DAY YEAR	26 HOUR
		- Willi	е			Williams	DEATH	MATED	1619 83	٨
3 SE	X	4 RACE	5. DATE OF BIRTH		E (IN YEARS IF L		R 24 HRS. 2c. DATE MIN. PRONOUN	MÖNTH	T DAY YEAR	2d HOUI
m	ale	Black	8 28	17	65/RS.	THOUSE HOURS	DEAD	1	16 19 83	4:13
	BIRTHPLACE (S	TATE OR	76 CITIZEN OF W	HAT COUNTRY?	8. MAR	RIED MEVER MARE	RIED 9. BALTIMO	RE CITY OR COU	NTY OF DEATH	- 17
	Georgi	a	U.S.		WIDO		1 0011	imore Cit		M
10.0	ITY OR TOWN	OF DEATH		SPITAL, NURSING		THER INSTITUTION	12a. USUAL OCCUP.		OR INDUSTR	SINESS
	Baltimo		South Ba	altimore	Genera	l Hospital				
	IAL RESIDENCE STATE	138 COUN	OR OTHER INSTITUTION, (13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S		
_	arylar			Baltim		YEXX NO	99 Cher	ry Lane	21226	
14. F	ATHER'S NAMI		WIDDLE	LAST		15. MOTHER'S MAID		DOLE	LAST	
-	Elmo			Willia		Berth			McNeil	
160.	WAS DECEASE YES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SI		17. INFORMANT		ADDRESS		
	No			253-0	5-680	l Nellie	M.Willian	18 99 Ch	nerry La	ne
	18 CAUSE C	F DEATH (Enter or EATH WAS CAUSE	nly one couse per lin	e for (o), (b), ond	(c).)				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	4/2	92 IMMEDIA	TE CAUSE (a) A	rterioscl	erotic	cardiovasc	ular disea	se		
	7			R AS A CONSEQU	ENCE OF					
		ns, if ony, which se to immediate				MARIE CO.		Edda		
	couse (a lying cou) stating the <u>under</u>	DUE TO, O	R AS A CONSEQU	ENCE OF					
			(c)							
Z	PART 2 OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO	THE TERMINAL OISE	ASE OR CONDITION GIVEN IN P.	ART 1 tol.			313
ATIO	19a. DATE OF	OPERATION	19h COND	ITION FOR WHICH	H OPERATION	WAS PERFORMED?			HEADPOR	IIV
IFIC			100						YES V	NO 🗆
CERTIFICATION		AL CAUSE WAS	21b. TIME C		21c.	HOW INJURY OCCURR	ED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR		.,,,
M	UNDERLYING	OR OR		M. MONTH DAY	YEAR					
MEDICAL	21d INJURY		21e PLACE	OF INJURY (AT H		OCATION	- 1,1-5-2			
X	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ETC.)		STREET	CITY OR TOW	N	COUNTY	STATE
					HEAL					- 12 1
			one of the remains de		1			, and in my	opinion	
	death result	ed from Photo	ral causes X.	Accident .	Suicid	, Homicide	Undetermined ma	nner L.		
	ACTUAL	- Ma	musik	1) De	d	TIPLE (SPECIFY)	104	DAT	E 1/16/	107
	SIGNATURE	100	00.00	10.00	1	M.Deputy Ch	10 MEDICAL EXAM	NER SIGI	NED	ره
2	EXAMINER'S	NAME Th	omas D. S	Smith, M.	D.	_ADDRESS	I Penn St.	Balto.	, MD.	
23a.		TION, REMOVAL	236 DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d LOCATION		DUNTY STA	ATF
	BURIAL		1/22/83	Ced	dar Hi.	ll Cem.	Baltir		Co.	Md.
24	FUNERAL DIREC	CTOR	ADDRES	is	1 1 1	25 RNE	REC'D. BY REGISTRAL	REGISTRAR'S	SSIGNATURE	
		arch F/F	4		North	Avenue	1 1 1900	Jours of	· warely	

20M 4/B2

24	- STATE	DEPAI	RIMENI OF HEALIF	AND MENTAL	TYGIENE 3	101/
1	REGISTRAR			CERTIFICATE C	KEG. NO.	
1.1	DECEASED NAME FIRST	MIDDLE		LAST	OF ESTI-	AONTH DAY YEAR 76. H
		RDER L.		LSON	DEATH MATED	1 9 1983
3.5	A. RACE	5. DATE OF BIRTH MONTH DAY YEA	R LAST BIRTHDAY) MONT	DER 1 YR. IF UNDER	MIN. PRONOUNCED	ONTH DAY YEAR 2d F
1	BIRTHPLACE (STATE OR	Th. CITIZEN OF WHAT CO			9 BALTIMORE CITY OR C	1 9 1983 I r
10	FOREIGN COUNTRY	THE CITIZEN OF WHAT CO	MARR	IED NEVER MARR	IED M	
10	CITY OR TOWN OF DEATH	II. S. A.	NURSING HOME, OR OTH		Baltimore Ci	
		(IF NOT IN SUCH FACILITY, GIT	VE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
US	Baltimore UAL RESIDENCE (IF IN NURSING HO	1109 N. Pa		Ave.	Domestic	MIVREC
130	Md.	JUNTY 13. C	Altimore	134 INSIDE CITY LIMITS?	3915 E. Chas	se St. 2121
14	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID	ENNAME	LAST
UP.	Voe	T.	WILSON	Marth	ia	Dutlaw
160	(YES, NO, OR UNKNOWN) (IF YES,	ARMED FORCES? 16b. S	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	No 345	WOKERSHOOK 24	2-42-4611	Mrs. Ella	EPPS 1109 Patte	ON SON PROPILE
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	r only one couse per line for (o),		0.1757		APPROXIMATE INTERV BETWEEN ONSET AND D
		DIATE CAUSE (o) Pu	lmonary embo	li		
	17151	DUE TO, OR AS A C	ONSEQUENCE OF			
	Conditions, if ony, wh	iote (b)				
	couse (o) stoting the und	DUE TO, OR AS A C	ONSEQUENCE OF			
		(c)				
2		DNS CONTRIBUTING TO DEATH BUT NOT S	RELATED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PA	ART 1 io	
- }	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION W	AS PERFORMED?		20 AUTOPSY?
1						YES X NO
MEDICAL CEPTIFICATION	210 EXTERNAL CAUSE WAS			OW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	
51 2	UNDERLYING OR	HOUR A.M. MON	TH DAY YEAR	P. P.		
1 2	21d. INJURY OCCURRED	71e PLACE OF INJU		CATION		
1 4	WHILE NOT WHILE AT WORK	STREET, FACTORY, FAR	M, ETC.)	STREET	CITY OR TOWN	COUNTY \$
	AT WORK AT WORK			[V]		
		horge of the remains described of	bove, held on Autop			my opinion
	death resulted from:	overal/couses [A], Afeile	vicide	, Homicide	Undetermined monner,	
	ACTUAL (/	Kamera W	muls	Deputy C	hief	DATE 1 10 07
-	SIGNATURE	Tron and	W	Deputy C		SIGNED 1-10-83
	EXAMINER'S NAME Tho	omas D. Smith,	M D	111	Penn St., Balto.,	Md 21201
1				ADDRESS.		, MG. 21201
230	BURIAL, CREMATION, REMOVA		A NAME OF CEMETERY C	1	231. LOCATION	COUNTY STATE
	Burial	1-13-83	BALLINAPPE		BaltIMORE	Nd.
74	FUNERAL DIRECTOR	ADDRESS A	- 11			AR'S SIGNATURE
		OS pagessha	121001:	91 111		I Come

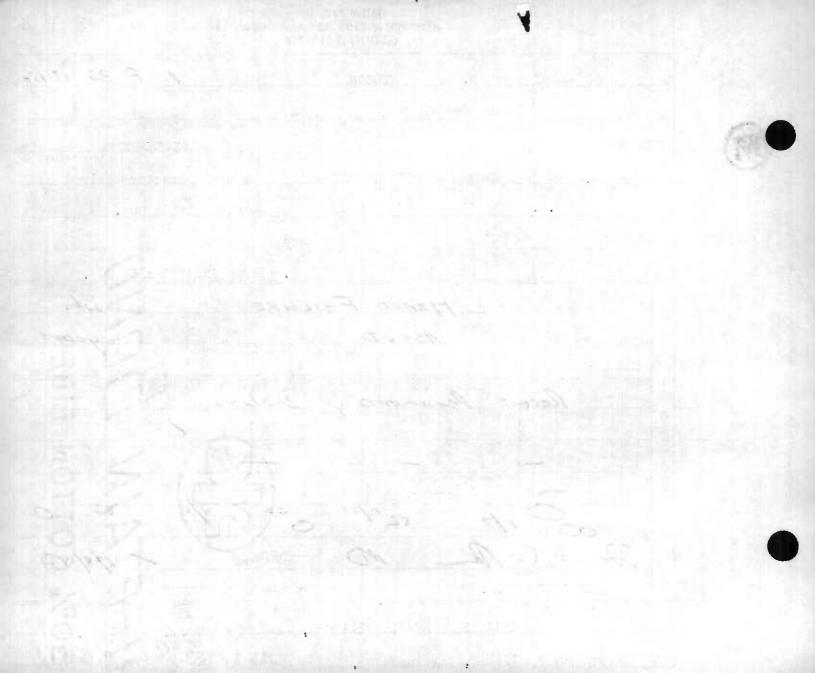
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TOWN MEDICAL STREET, SEE SHIP Donesoie Alivere Palamore 2 Sty & Chase Shalled Mich Noc T. Wilson Marcha Carden AN STREET MAN SHE HE SHE THE EVEN WAS EVEN THE EVEN SHEET THE STREET SHEET THE SHEET SHEET THE SHEET SHEET THE SHEET SHEET THE SHEET SHEET

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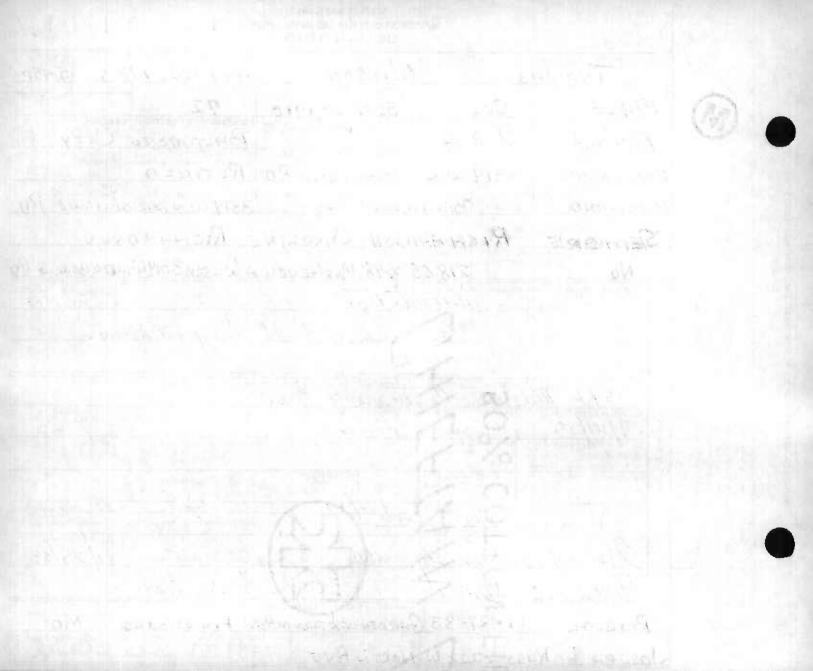
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FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	0 1 5 1 8
I. DECEASED NAME FIRST	MIDDLE .	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ELROY	0.	WILSON	1	8 83 12:15AN
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Black	9 12 1894	88 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED T NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
Maryland	USA	WIDOWED DIVORCED	BALTIMORE	CTTY
M. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE	UNION MEMORI	AL HOSPITAL	Funeral Directo	
USUAL RESIDENCE (IF NURSING HOW OF	13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6301 Ritchie H	
MEATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
Taylor	Wilson	Mary	WIDDLE	LAST
160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU		ADDRESS	
(1F YES, GIN	218 18 1	357 Lillian T. W	ilson 6301 Ritch	ie Hwy
18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and		TIOUR ODOT RICCH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	AT FAILUR	=	LIKS
1 4292	DUE TO, OR AS A CONSEQUE			
Conditions, if any, which	1 -	CVD		vesis
gave rise to immediate cause (a), stating the)			1
underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	IVEN IN PART 1(p)
. S Rec	cout Prouse		befes	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
E				IFYING CAUSES OF DEATH?
		Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
OR CONTRIBUTING CAUSE OF DEA	in	19 19		
OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY	21f. LOCATION	CITY OR FOWN	COUNTY STATE
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA	KM, E1C.)	CITORIOWIA	COOMIT STATE
22a.1 certify that (1) (this hospi	(a) attended the deceased fram_	11/21 19.82		, 19 85 , that (I) we lost
saw the deceased hive an	t) view the bady after death.	2, and that in (my) our opinian	death occurred on the date and ha	our and fram the causes stated
226. SIGNATURE	A COUNTY OF THE COUNTY	DEGREE		22c. DATE SIGNED
() () ()			HEDICAL CTARE	
10 mal	- Sile	ATTENDING PHYSICIAN I	MEDICAL STAFF	1/2/03
22d. PHYSICIAN'S NAME TYPE OF	PRINT)	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	178/83
22d PHYSICIAN'S NAME (TYPE OF DAVID ALLE		PHYSICIAN [178/83
DAVID ALLE 230 BURIAL, CREMATION, REMOVAL (SPECIFY)	N M.D.	PHYSICIAN [ORIAL HOSPITAL 123d LOCATION	1/8/83
DAVID ALLE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	N M.D. 23b. DATE 23c. N	PHYSICIAN [22e ADDRESS UNION MEM AME OF CEMETERY OR CREMATORY	ORIAL HOSPITAL 23d LOCATION CITY OR TOWN	COUNTY STATE
DAVID ALLE	N M.D. 23b. DATE 23c. N	PHYSICIAN [27e ADDRESS UNION MEM AME OF CEMETERY OR CREMATORY dar Hill Cem.	ORIAL HOSPITAL 23d LOCATION Close Physician Close Physician	COUNTY STATE



Russ 2222 W. NORTH AVE

(VRA 15, 4)



(VRA 15, 4)

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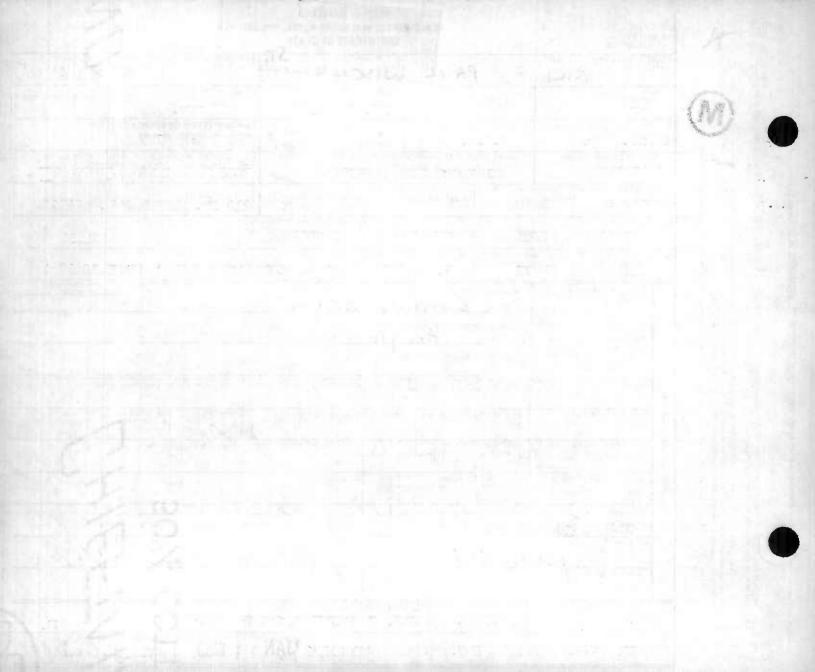
12+1	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 3	01521
	DECEASED NAME FIRST DONALD	ROBERT W	LAST		1 5 83 2:38a
of to	i.sex Male	4. RACE White	5. DATE OF BIRTH AUG. 4, DAY 193 TEAR	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR
deoth. Page	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR BALTIMORE	
ago 13 23	Baltimore	11. NAME OF HOSPITAL, NURSING BALT IMORE	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Maintenan)	WORKING LIFE) 126. KIND OF BUSINESS (
filled hould b	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COL Maryland	or other institution, give residence before inty ar town Baltim	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Hospita ther Ave. 21206
Sport Sport	1. FATHER'S NAME PIRST David Fr	rancis Wilt	15. MOTHER'S MAIDEN NA Arletta	WIDDLE	Culp
S. Poges on a medicolery	(YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? IVE WAR OR DATES) PCA 10b. SOCIAL SECUI 215 34		M. Wilt,	Same
equires that the death certificate is signed by the attending physici Then please remove cabonoper ta buriol, cremotian, or removal. injury, or other traumotic event, th	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D		MINAL DISEASE OR COND	ITION GIVEN IN PART Ita
low r	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
74 55 701	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI LIFETIMER NOTIFY MEDICAL EXAMINI 210. INJURY OCCURRED	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY	
ok Allendin e hospital or . ORECTOR: Afi ched for use o Dept. af Health Hem 21 is mor	220.1 certify that IM (this has saw the deceased alive o	pital) attended the deceased from	December 10, 19 82 3 ond that in 19 (our) opinion DEGREE	- 10 Jenuar	e ond hour and from the causes stated
TO HOSPITAL or retoined by the TO FUNERAL is should be detoined by the Store is with the Store in IMPORTANT: If	DARLA S.	HOLLAND, M.D		Raven Blvd.	Baltimore Md. 2121
BP	30. BURIAL, CREMATION, REMOVA (SPECIEV) Burial	1/7/83 D	ame of cemetery or crematory ulaney Valley		Co., COUNTY MD STATE
MH + 16 50M 4/82 (VRA 15, 4)	4905 Yerk Roa	y W. Jenkins & d Balto., MD		AN 6 1983	5b. REGISTRAR'S SIGNATURE

3 2:38	s ³ 2	I		TAIL	TITEOL	CIAVO
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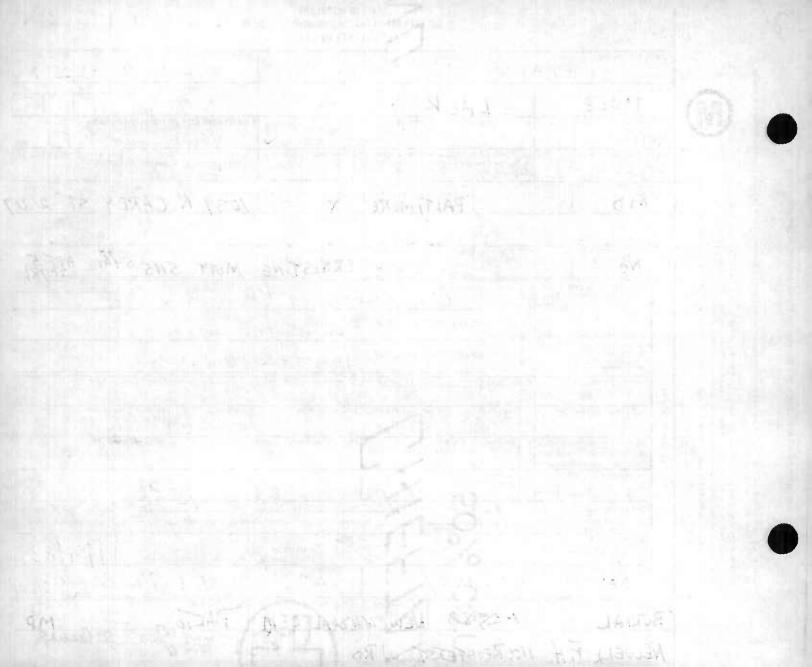
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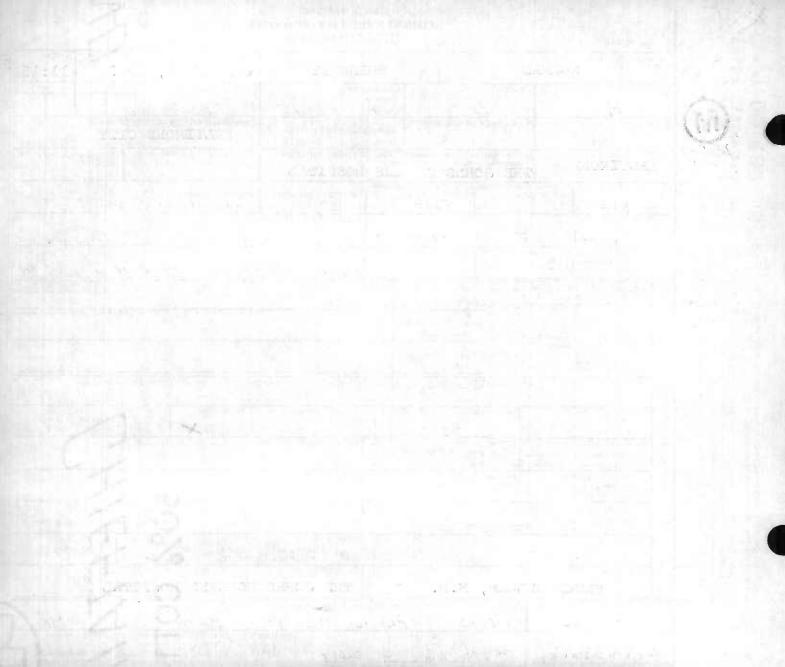
DHMH - 16 50M 4/82 (VRA 15, 4)

		STATE REGISTRAR	0.83	40.5		CERTIF	ICATE OF DEATH	REG. NO.		
		OR PRINT)	ICHA	_	PAUL	WIS	CHHUSEN	20. DATE OF DEATH MONTH	5 8	3 3 6 3 3 C
)		MALE		RACE WHIT	E	S. DATE C	29, DAY 1917	6. AGE (IN YEARS LAST BIRTHDAY) 65 yrs.	MONTHS D	YEAR IF UNDER 24 HOURS N
10	BA	RTHPLACE (STATE OR COUNTRY) LIO., MD.		U.S.	WHAT COUNTRY? A.	1	D X NEVER MARRIED	9. BALTIMORE CITY OR COL BALTIMORE CIT		Н
5/	BA	TY OR TOWN OF DEA		BALT	TMORE CI	TY HOS	PITALS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK POLICE OFF ICE		ND OF BUSINESS STRY EEL MFGR
5	MZ	AL RESIDENCE (IF NURS STATE RYLAND	BAL	THER INSTITUTION	DUNDALK		13d. INSIDE CITY LIMITS?	210 ST. HELE	VA AVE.	21222
30		HENRY	PA		WISCHHUS		ESTELLE	WIDDLE	BI	ETKEY
2		VAS DECEASED EVER (ES. NO OR UNKNOWN) YES		NED FORCES?	061.05.0		MARY W. WISC	CHHUSEN (WIFE)	(SAME A	AS 13e)
	NOI	Conditions, if ony, gove rise to imrecouse (o), stotin underlying couse	mediote ng the lost.	(b)	R AS A CONSEQUI	y Th ENCE OF	MIA.	INAL DISEASE OR CONDITION	U GIVEN IN PAR	RT Ico
/	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO 1	F YES, WERE FINE CALL	INDINGS USED USES OF DEATH?
9		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT		DE INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (SATER NATURE OF INJURY IN ITE	M 1B PART TOR PAR	(T 2)
	MEDICAL	21d. INJURY OCCUR!	310	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNT	TY STATE
MPORTANT: If hem 21 is mo		220.1 certify the (II) saw the decease obove: Thinks I 22b. SIGNATURE	Pui	view the bedy	1/83 19		DEGREE ATTENDING	, to	hour and from	, that (h) (we) n the couses stated ATE, SIGNED
	É	urial, cremation, URTAL		236. DATE 1/8/19	983 G	DS. OF	EMETERY OR CREMATORY FATTH CEMETE		COUNTY	MD.
32	24. FU	INERAL DIRECTOR LIER BROOF	KS BRA	DLEY, 1	INC., ADUNI	DALK N	D 21222 JAN	E REC'D. BY REGISTRAR 745 RE	GISTRAR'S SIG	CALLER



	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AT CERTIFICATE O		ENE Ö Ö		1 3	and in
			IRST	WIDDIE	LAST			MONTH DAY	YEAR	26. HOUR
to to	(TYPE	OR PRINT)	RNEST	W	WI	THERS		1 2:	283	500 M
	3. SEX	MAIG	4. RACE	nek	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	IF UNDER 24 HRS
VI)	7a BIS	THPLACE (STATE OR FORE	JA CITIZENIO	F WHAT COUNTRY?	06 2	3 15	9. BALTIMORE CITY O	YRS.	DEATH	
171		DUNTRY)	. 110	e p	MARRIED NEV	ER MARRIED DIVORCED	Post	<u>k</u> COONTT OF	0	0
300	10. CI	Y OR TOWN OF DEATH			IG HOME OR OTHER		12a. USUAL OCCUPATION			MD.
40	X	L RESIDENCE (IF NURSING	2 10001	UCH FACILITY, GIVE STREET	ticalle	entou	TYPE OF WORK FOR MOST O	WORKING LIFE	ENDERSTRY.	0
38	130. S		. COUNTY	13r CITY OR TOW		DE CITY LIMITS?	130. STREET ADDRESS	CARE	Y 57	2/21
mine	I4 FA	HER'S NAME	WIDDIE	CAD O		HER'S MAIDEN NAM			LAST	
51/4	(serge	(e	helhou	S.	Oda			NO	100
medical	16a W	AS DECEASED EVER IN (1	U.S. ARMED FORCES	224 OS		NESTINE	MOTT 5	115 54	FAVE 1	APT 51
		18 CAUSE OF DEATH (E	inter only one couse p	er line for (a), (b), an		DP	1.		APPROXIM BETWEEN OF	ATE INTERVAL
even			MEDIATE CAUSE (a)	Car	enon	e f	naryn	×	1	
motor		1970		OR AS A CONSEOU	ENCE OF	1-1 00	4			
traum		Conditions, if any, will gove rise to immed	iote		. ^	purge				
or other		underlying couse	DUE TO,	OR AS A CONSEOU	ENCE Of Type	estens	3'04.			
njury, or	,	PART 2. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN	IN PART 110	
ony inj	CERTIFICATION	9a. DATE OF OPERATION	N 196. CON	DITION FOR WHICH	OPERATION WAS PE	REORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
0	TIFIC						YES TO NOT	IN CERTIFYIN		
18 show	GER	210. ACCIDENT WAS UNDERLY	110110	OF INJURY	21c. HOV	V INJURY OCCURRE	D (ENTER NATURE OF INJUR		1 OR PART 2)	
E /	3	OR CONTRIBUTING CAUS	OF DEATH	P.M.	19					
5 /	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	ARM, ETC.) 21f LOC	ATION	CITY OR TO	WN	COUNTY	STATE
d k	`	WHILE NOT WHILE						22	6.2	
l is marked		22a.1 certify that (I) (this saw the deceased a		the deceased from_	63 and that in (my) (aur) apinian de	eath accurred on the do	19.		not in (we) last
If Item 2		above, (I) (we) (did) 22b. SIGNATURE	(did nat) view the bac	ly after death.	C) DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			22c, DATE S	
±		4	0			ATTENDING	MEDICAL STAF	F	1/24	4/83
Z		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		220 ADD	RESS		01	1	,
MPORTANT		DALJIT	S. SAW	HNEY	7	422 B	tA Blud	Glen	Burn	221061
IMPORTA	-	JRIAL, CREMATION, REA	AOVAL 23b. DATE	- 40 1.	NAME OF CEMETERY		224 LOCATION DYPRION	C	OUNTY	STATE
-		ORIAL NERAL DIRECTOR	1-22	200 INE	WCATHEDRI	AL CEM	REC'D BY PEGISTRAP	PEPISTRAF	ord nellerie	MP.
1/82		C NAME I I F	U UmPE	ADDRESS.	IPh		1 1983	THE WALL	A COLO	acy



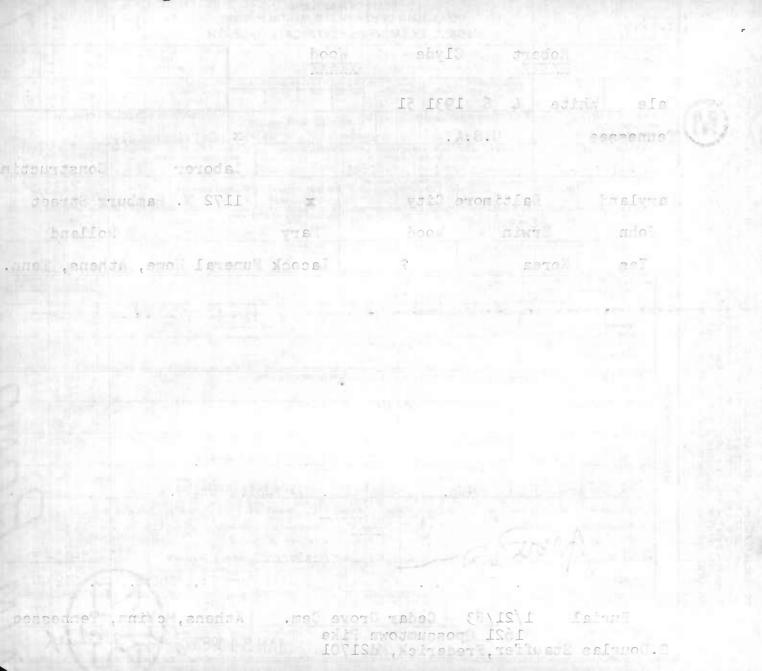


0	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	YGIENE 8 3	0 1	5 2 6
×		CEASED NAME FIRST	Harris		NOOD SR	2a DATE OF DEATH	- / -	3 8 P M
)	3. SE	MALE	WHITE	S. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IFJUNDER	
3	V	RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	76. CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	BALTIMORE CITY OF		MD.
3/	Ва	ltimore	BAZTI MO	TAL, NURSING HOME	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFET INDU	ind of Business or USTRY eth. Steel
35	13a. S	AL RESIDENCE (IF NURSING HOME TATE DE 136 COUNTY 136 CO	VTY 13c C	SIDENCE BEFORE ADMISSION) ITY OR TOWN ndalk	13d. INSIDE CITY LIMITS? YES NOXXX	13e. STREET ADDRESS	DOODLEY	21222 Rd,
20		George		ood	15. MOTHER'S MAIDEN N	WIDDLE		Known
2	100	VAS DECEASED EVER IN U.S. AR (ES NO OR HINKNOWN) (15 YES. GIV NO	MED FORCES? 166 SO	OCIAL SECURITY NO. 3 1077988	Virginia	E. Wood	Balto.	oodley Rd. , MD. 21222
1	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (AS B. 45 TOS) 190 DATE OF OPERATION	DBY: DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIE TYPE CONDITION I	CONSEQUENCE OF CONSEQUENCE OF SMOKING BUTING TO DEATH BUT FOR WHICH OPERATION	13TO PY.	PLOURN (200 AUTOPSY? YES NO	DITION GIVEN IN PACE FOR THE PACE OF THE P	FINDINGS USED AUSES OF DEATH?
9	MEDICAL CE	218. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED NOT WHILE AT WORK ALWORK 220.1 certify that (1) (this hospi	HOUR A.M. M P.M. 11e. PLACE OF INJ (AT HOME STREET, FAC	NONTH DAY YEAR 19 URY TORY OFFICE, FARM, ETC.)	211. LOCATION STREET	JRRED (ENTER NATURE OF INJU		
7		saw the deceased give an above. (1) (we) did it did no 22b. SIGNATURE THE PHYSCIAN'S NAME (1990) J. LAU TUR	4	leath. 19 <u>\$ 3</u> . a	DEGREE ATTENDING PHYSICIAN 22e ADDRESS BATTIM (MEDICAL STA	22c.	
		BURIAL, CREMATION, REMOVAL SPECIFY) BUrial	23b DATE 1/11/19	83 Mead	EMETERY OR CREMATORY	Dorsey	Howard	d Maryland
	74 FU	UNERAL DIRECTO Duda - I 922 Wise Aver	Ruck, Inc	dalk, MD.	07000	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SI	

DHMH - 16 50M 1/81 (VRA 15, 4)

Else A The Take Cook Course June 1 1747 A A LE LAND TO LAND AND A STREET OF THE STRE and the second

20M 4/B2



(VRA 15, 4)

2/	1	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		ENE 3 3	0 1 5	2 8
8		CEASED NAME FIRST	WIDDL	-	ĻA			20 DATE OF DEATH MOP	NTH DAY YEAR	26. HOUR
		BEATR	ICE	WO	ODLA	ND		JANUARY 3	0, 1983	9:40p
~	3. SE		4 RACE	44.1.19	5. DATE O			AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
(RA	3- 0	Female IRTHPLACE (STATE OR FOREIGN	Blac		9	2 15	5	67	I NO.	
	23	COUNTRY) Virginia	U.S.A	Α.	WIDOWE			BALTIMORE CITY OR CO		MD.
B3	В	ALTIMORE	JOHNS H	OPKINS	HOS.	ROTHER INSTITUTION		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
35]	AL RESIDENCE (IF NURSING HOME O STATE 136 COUI Maryland	ROTHER INSTITUTION, GIVE NTY 13c.	RESIDENCE BEFORE A CITY OR TOWN Baltir					Ensor St	.21202
3000	14. FA	ATHER'S NAME FIRST John	W.	Lemon		15. MOTHER'S MAIDE Elear		MIDDLE	Dr	iver
medical		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATEST	SOCIAL SECUR 220-07-		Willian	n Le	and mon 1218 M	N. Ensor	St.
vs ony injury, or other troumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (198 DATE OF OPERATION	DUE TO, OR AS (c) CONDITIONS CONTE	RIBUTING TO DE	OF THE BUT I	NOT RELATED TO THE	TERMIN	20a AUTOPSY? 20	b. IF YES, WERE FIND CERTIFYING CAUSE	INGS USED
m 18 shows	_	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY		21c. HOW INJURY O	CCURRE	YES NO DO CENTER NATURE OF INJURY IN	YES	NO 🗍
rked or ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	NJURY ACTORY, OFFICE, FAR	19 RM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
VI: If hem 21 is morked or Item 18	100	270.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no 270. SIGNATURE Elysbuld	The 30 to view the body after that the	19		EGREE ATTENDI PHYSICI	NG	oth occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAT	that (1) (we) last the couses stated E SIGNED 30/83
IMPORTANT: H			4 Street	enmp		220. ADDRESS TOPA	17	pkins A	spilal	
*		BURIAL, CREMATION, REMOVAL ISBURIAL	236. DATE 21/4/83			METERY OR CREMAT Calvary	Cem		e Co.	Ńã.
4/82		uneral director Vm.C.March F/	H Inc.11	01 E. N	orth	Ave.	門	REC'D BY REGISTRAR 25	JEGISTRAR'S SIGN	shelf

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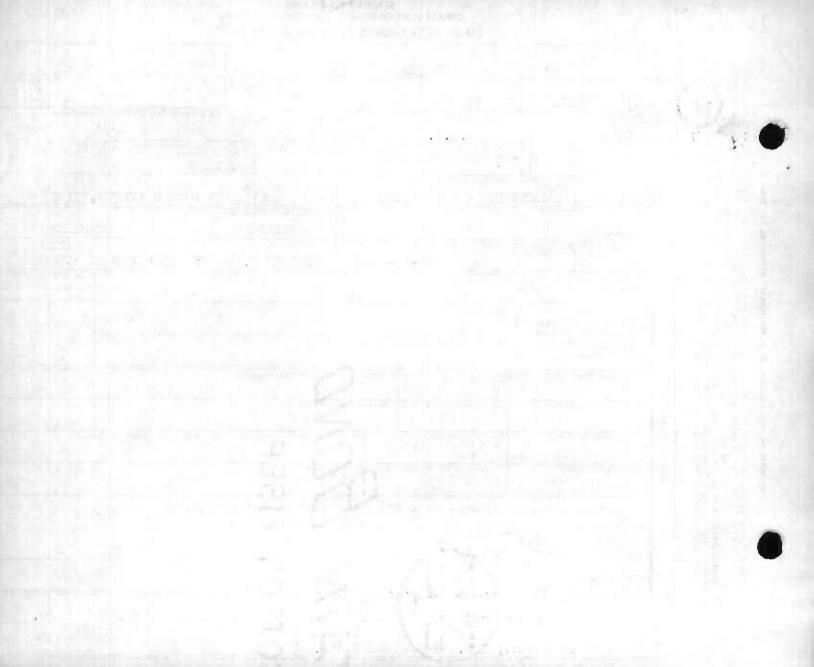
Mitchell-Wiedefeld Home 6500 York Rd 21212

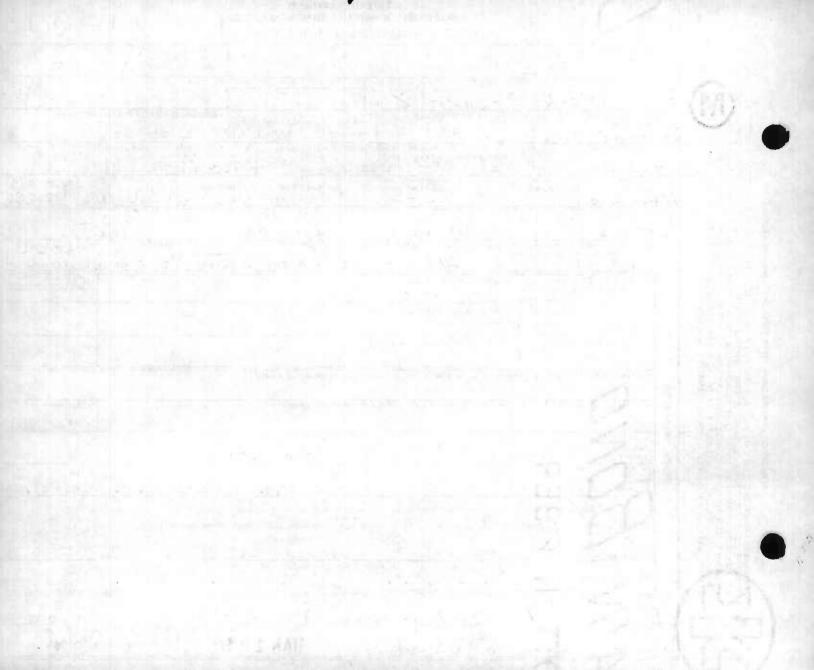
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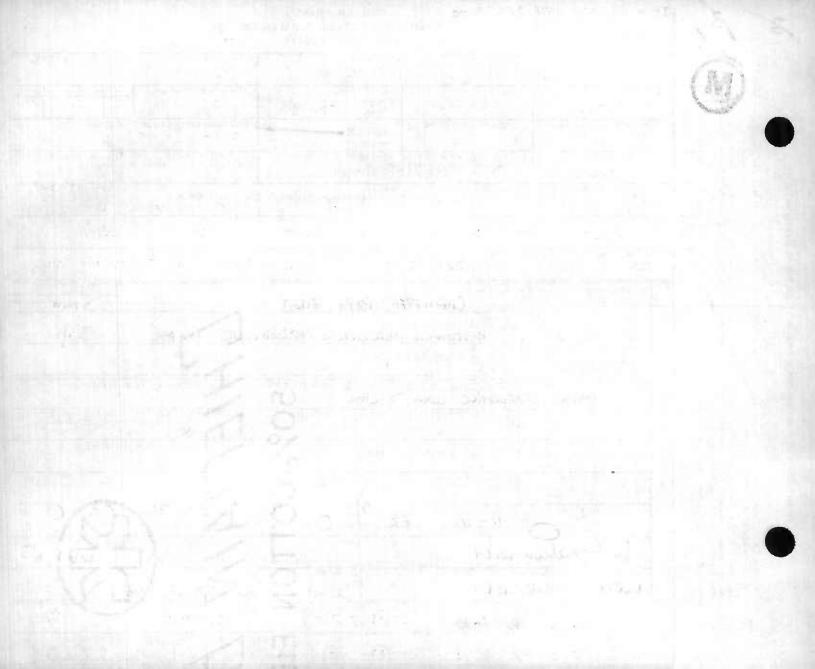
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r 110 110 I same 1-20-008 . Total ! Heren . Cod.ov. 110 cldpout in TE 111 - 1

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1	STATE REGISTRAR					EXAMIN						REG. N	0.	45.27	
(1	ECEASED NAM	E FIRST			RAYMO	OND		ODY			2a. DATE K OF DEATH /	NOWN X	X MONTH	-83	26 HOUR
3.5	EX MATE	4. RACE	5. DATE OF MONTH	BIRTH	YEAR 39	6. AGE (IN YE LAST BIRTHD	ARS IF UNI	DER 1 YR.	IF UNDER		2c. DATE PRONOUNC DEAD	CED	MONTH 1-5-	-83 19	
1	MALE BIRTHPLACE (WHITE STATE OR	76 CITIZEN	OF WHA			RS.	D S NE	VER MARRI	#ED []	9. BALTIMO		_	Y OF DEATH	
33	MARYLAN	D		U.S	S.A.		WIDOW	-	DIVORC	ED D			e Cit	1	MD.
100	Baltimo					RSING HOM		er institu	TION	FOR M	AL OCCUPA OST OF WORKI BORER		PE OF WORK	0R INDUS	JUSINESS TRY
	JAL RESIDENCE STATE MARYLAN	D BAL	OR OTHER INSTITU NTY TIMORE		13c. CITY	OR TOWN RBUTUS	ION)	13d. INSIDE C	ITY LIMITS?	13e STRE	EET ADDRES	S LAR A	AVENUI	E, 2122	7
14.	FATHER'S NAM		MIDDLE			LAST		1	ER'S MAIDE		MID	DDLE		LAST	C
160	EDWAR WAS DECEASE	D EVER IN U.S. AI	RMED FORCES	?		OODY	Y NO.	17. INFOR	MANT	ıĽ.		ADDRES:		CROTHER 2122	
2	(YES, NO, OR UNKN		E WAR OR DATES)			2-36-8			LEEN	S. Wo	OODY			AR AVEN	
2 160	PARTID +2 Condition gove in course (course (ons, if ony, which ise to immediate to stating the under	ED BY: ATE CAUSE (o) DUE 1 (b) C- DUE 1 (c)	Art 10, OR A 10, OR A	eric sacon sacon	SCLETO ISEQUENCE	OF OF				disea	se		BETWEEN ON	ATE INTERVAL
T T T T T T T T T T T T T T T T T T T		F OPERATION			20	WHICH OPE				KI I (U	Beat.	J.E		20 AUTOPS	SY?
) jair			24.0								17.00	VL0		YES 💢	X NO [
S IV SIGNA	21a EXTERN UNDERLYIN CONTRIBUT 21d. INJURY	AL CAUSE WAS G OR ING CAUSE OF	HOL	UR A.M.	MONTH	DAY YEA	ıR	OW INJURY	OCCURRE	ED (ENTERN	NATURE OF INJU	PRY IN ITEM 18	PART 1 OR PAI	RT 2)	
ME	WHILE AT WORK	NOT WHILE AT WORK		REET, FACTO				TREET	18		CITY OR TOW	'N	COL	UNIY	STATE
	ACTUAL SIGNATURE	NAME	urol couses	a.	Accident			Homi TITLE (S	Inspection icide	Undete	Inquiry	nner [],	DATE SIGNE	1 6 0	3
230	BURIAL, CREM	ATION, REMOVAL	PROZ R	. Gua	23c.	M.D. NAME OF CE		ADDRESS_ R CREMAT	ORY		Stre	PAT	COU	AITY	STATE
	BURIA		01-08	-83		LORR	AINE	PARK	1	WO	ODLAWN		LTIMO	RE M	1D.
	FUNERAL DIRE	FUNERAL	HOME,	ADDRESS INC.	410	7 WILK	212 ENS A		250. DATE		registrar 1983	PREG	SISTRAR'S S	SIGNATURE	R
32					-				-1011						

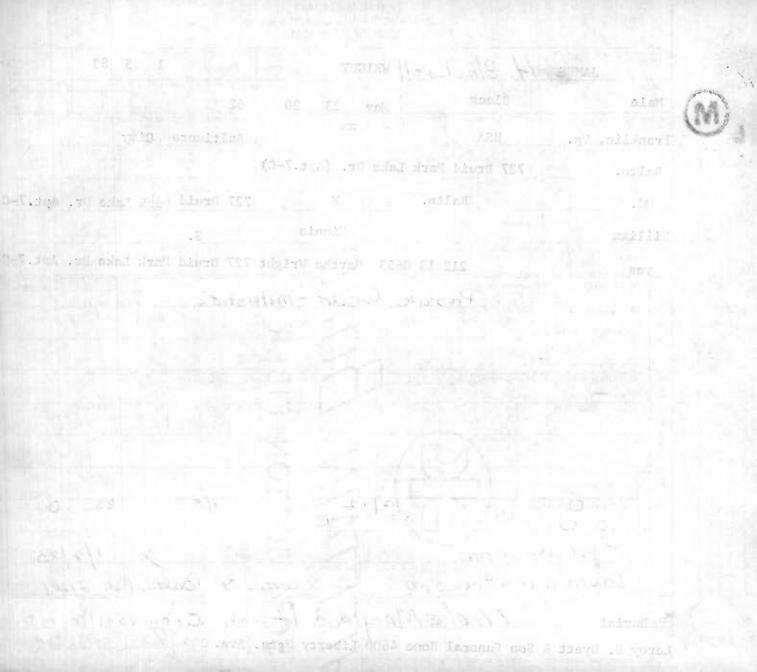






DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



A	1-	FOR STATE REGISTRAR		RTIFICATE OF DEATH	REG. NO.	UISST
ge 3 eoth		CEASED NAME FIRST OR PRINT) Millie	MIDDLE	V-sight	20. DATE OF DEATH MON	1 3/83 2 20 M
ge 4 may ector, pag rs after de	3 SE	EMB(2-	Black 1190	DATE OF BIRTH MONTH DAY YEAR 9 - 23 - 25	6. AGE (IN YEARS LAST BIRTHDAY	Y) FUNDER I YEAR FUNDER 24 HIS MONTHS DAYS MOURS MIN.
43 35	1-BI	RTHPLACE (STATE OR FOREIGN 76		ARRIED NEVER MARRIED DOWED DIVORCED	9. BALTIMORE CITY OR CO	
(M)	B	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OF THE PROPERTY		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
filled in rould be i	13a S	AL RESIDENCE (IF NURSING HOMEORO) TATE 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADM Y 130. CITY OR JOWN	13d INSIDE CITY LIMITS? YES P NO	13e STREET ADDRESS 1826 N.Br	ordway 21213
ond 2 st	14. FA	THER'S NAME OF TRIST MIE	STATTIS	15. MOTHER'S MAIDEN NA FIRST	WIODIE	atterso N
on ond co		VAS DECEASED EVER IN U.S. ARMI es, no or unknown) (IF YES, GIVE W		110 1.01	high 3510	MANChoster AVE.
physicia physicia physicia emovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		1. pulmonas	n Arres	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 min
death ce		H310 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	of recovert	massine	
that the cose remo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	abral Ken	vorhage.	
requires ren signed to the plan or to buring y injury, o	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
n. nas be permi ne pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE		YES NO	IB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IYSICIAN: The ding physicio is certificate buriol-transit Mental Hygies or Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2}
offending offending of the strength of the str	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, (21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or RECTOR: A red for use opt. of Heolthem 21 is mo		22a. I certify that (I) (this haspital saw the deceased alive on above, (I) (we) (did) (did nat)	1/3 1983	, and that in (my) (aur) opinian	death accurred on the date of	3, 19 83, that (I) (we) lost and hour and from the couses stated
the place of the p		226. SIGNATURE	ag:	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/3/83
HOSI bined bined by FUN bould b		22d. PHYSICIAN'S NAME (TYPE OR PI	OHN KYI	. Monteb	sello Center	2201, Asgona Dr. Pulto. 21218
P = 2 € 3 € 1	J	DUTIA	236. DATE /- 7-83 MT.	FULULY CENCTH		
VHMH - 16 50M 7/77 (VR A 15 (4))	24. FI	INERAL DIRECTOR	1/3 GODRESS R.	250. DA	THE REC'D. BY REGISTRAR 256.	PEDISTRAR'S SIGNATURE

	1 - ST
(M)	1. DECE A

j	J	U	1	1)	
	REG. NO.				

- STATE REGISTRAR 1. DECEASED NAME (TYPE OP PRINT)	REG. NO.
(TYPE OR PRINT)	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
Margaret Aches Wroten	1-25-83 500 AM
3. SEX 4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IE UNDER 1 YEAR IF UNDER 24 HRS.
Female Cancasian 4 15 15	67 YRS MONTHS DATS HOURS MIN
26 BIRTHPLACE MATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED ARRIED MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
WIDOWED NORCED	Balturore City Mo.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOT INSUCHE CILITY, GIVE STREET ADDRESS)	128 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST DE WORKING LIFE) INDUSTRY
12617/Wore South Baltimar General Hosp	Housewife Home
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 130 CITY OR TOWN 131 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS C'lement 21230
14 FATHER'S NAME EIRST, MIDDLE (AS1 FIRST)	
JOHN WOLFF ROSE	MENG-ERJ WENG-ERJ
	Wroten, 570 of Lement St. 21230
(YES, NO OR UNKNOWN) (18 YES GIVE WAR OR DATES) 219-01-3184 Daviely	profer 208 mon barry me
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ! PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Carciac avrest	immediate
4/00 DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (b) Myocardial infare	tions ? Hours
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying couse lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	PMINAL DISEASE OR CONDITION GIVEN IN PART 110
6	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 716. HOW INJURY OCCU	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
11g. ACCIDENT WAS UNDERLYING 1 21b. TIME OF INJURY 21g. HOW INJURY OCCU	YES YES NO YES NO
CO CONTRIGUENCE CONTRACTOR FOR A.M. MONTH DAY THAK	(ENTER NATURE OF INJURY IN TIEM 18, PART I OR PART 2)
CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	
WHILE NOT WHILE AT WORK AT WORK	CITY OR TOWN COUNTY STATE
270.1 certify that (1) this hospital attended the deceased from 1/24 1953	, to 1/25, 19 83, that (I we lost
sow the deceased alive an obove, (1) (web (did) (did not) view the body ofter death.	n death occurred on the date and hour and from the causes stated
27b, SIGNATURE DEGREE	22c. DATE SIGNED
111 - 1	MEDICAL STAFF DIRECTOR PHYSICIAND
PH. Cooke, MD ATTENDING PHYSICIAN	- DIRECTOR FITTSICIAN
27d PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS	
27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e. ADDRESS	Handrer st.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

DHMH-16 50M 1/B1 (VRA 15, 4)

McCully Funeral Home, 130 E. Font Ave. Balto. Md.

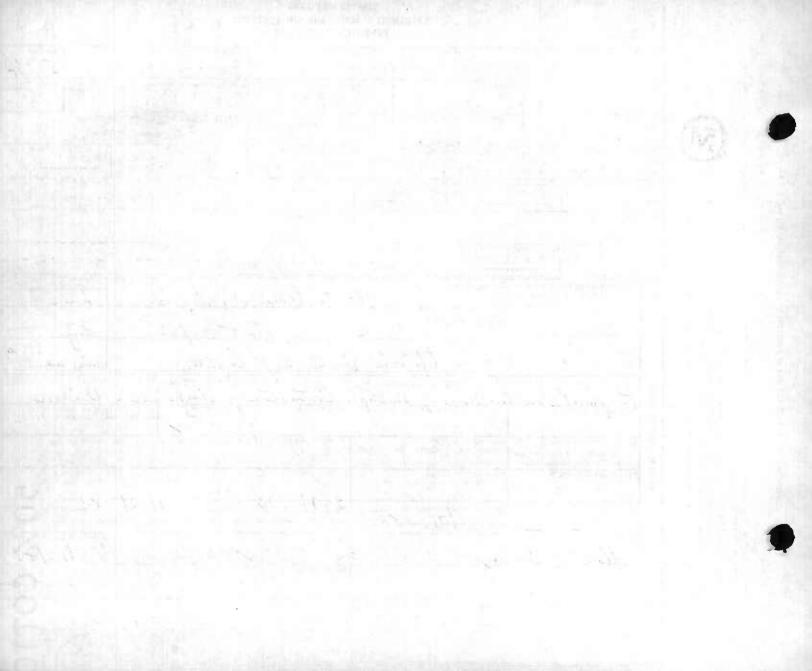
250 DAJEREC'S BAREGISTRAR 256 SISTRAR'S SIGNATURE

the state of the s marked the proof of the same o a stranger was a second of the Sam Jahr 26 1883 John So Court :

Baltimore, Md.

(VR A 15 (4))

STATE OF MARYLAND



STATE	OF	MA	RYL	AN	D

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR	DEPART		LTH AND MENTAL HYG ATE OF DEATH	IENE B S	0 1	5 5 /
	ECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
(14)	PE OR PRINT) Maria	N .	Xenos		Jan. 20,	1983	10 A. M
3. SI	EX	4 RACE	5. DATE OF E	BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I	YEAR IF UNDER 24 HRS
L	Female	White	Aug.	28, 1907	75	YRS.	DAYS HOURS MIN
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) ASIA Minor	76 CITIZEN OF WHAT COUNTRY? U. S. A.	MARRIED E	DIVORCED	Balto. 0		T H MD
1	Balto.	11. NAME OF HOSPITAL, NURSIN (15 NOTINI SUCH FACILITY, GIVE STREET 3433 Old Fred	erick R		120 USUAL OCCUPATION (TYPE OF WORK FOR MOSJO) HOUSE WIT		IND OF BUSINESS OR STRY
750 130	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134 CITY OR TOW Balto.	VN 13	d. INSIDE CITY LIMITS?	130 STREET ADDRESS 3433 Old F	rederick	Rd. 21229
)14 F	Margaritis	Margariti:	1	MOTHER'S MAIDEN NAM	AN IDDIE		? LAST
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU 218 42	70/7	' INFORMANT 1536 rs.Irene Pel		21207	Md.
7	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECU-	DEATH BUT NO	OT RELATED TO THE TERM	Hun	DITION GIVEN IN PA	1/ RT 1(a
CERTIFICATION	Non Smulin L	196 CONDITION FOR WHICH		Cifus) WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	USES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	1c. HOW INJURY OCCURR	YES NO NO NED (ENTER NATURE OF INJUR	YES	NO []
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		II LOCATION STREET	CITY OR TOW	N COUNT	Y STATE
	sow the deceased alive or abave (1) we) (did) [did no	ot view the body ofter death.		that in (my) (our) opinion o	, to death accurred on the do		
	Glen E	Johnson	m	PHYSICIAN L	MEDICAL STAF	F /	DATESIGNED 3
	GLEN E. J	OHNSON, M.D.		1001 Pine	Heights A	ve. Balt	o.,Md.

BP

the buriol-transit permit. Then please re and Mental Hygiene priar to burial, crei

should be detached for use as

MPORTANT: If Item 21 is morked or Item 18 shows any

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR NAME TRUMPA Schwab

230. BURIAL, CREMATION, REMOVAL

Burial

Jan. 24, 1983

236 DATE

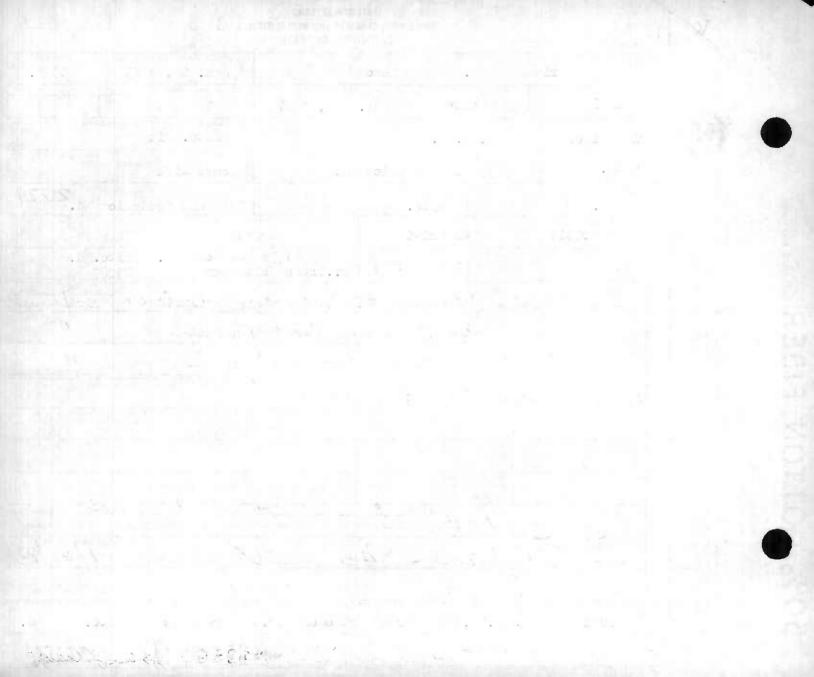
ADDRESS 35/2FREN. AUT. Md 21229

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR LOWN WOOd Lawn Greek Orthodox Cem.

Balto.

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE



1	. DECI	ms #18a-	Sp83 C	C M	MIDDLE	NER'S CE			REG. N		DAY YEAR	2b. HOUR
-			LARENCE	E ED	WARD	YARI	BROUGH		TH MATED [10 19 8	3 M
3	SEX	4. R/	ACE	S. DATE OF BIRTH	6. AGE (IN		DAYS HOURS	R 24 HRS. 2c. DA	DUNCED	MONTH	DAY YEAR	24. HOUR 5:45
	TAM	E BL.	ACK	JAN. 27,	1959 23 WHAT COUNTRY?	YRS.			AD	1	10 1983	P.a.m
20	FORE	IGN COUNTRY)	· ·				NEVER MAR	RIED 🔲	IMORE CITY	_		
2		XAS Y OR TOWN OF D	EATH	U.S.A.	SPITAL, NURSING HO	ME OR OTHER		120 USUAL OCC	Ltimore	City	12b. KIND OF B	MD.
2/				(IF NOT IN SUCH F	FACILITY, GIVE STREET ADDRES	5)	11011011011	FOR MOST OF V	WORKING LIFE)	TE OF WORK	OR INDUS	TRY
	JSUAL		NURSING HOME O	OF CHILD WASTERINGS	ore City Ho	(55(ON)		SSG E-	^	0000	U.S. A	RMY
34	3a. STA	YLAND	BAL	PIMORE	BALTIMOR	E 13	d. INSIDE CITY LIMITS?				T APT.K	
	4. FAT	HER'S NAME		MIDDLE	1463	15	MOTHER'S MAIL		MIDDLE		LAST	
CC	1	MONROE		MIDDLE	YARBROUGH		LULA	M	1.	DO	RSEY	
C	(YES.	AS DECEASED EVE		MED FORCES? WAR OR DATES)	16b. SOCIAL SECUI		INFORMANT		ADDRES			
/		YES	ACTIV	VE DUTY	452-11-3	832 A	NN M. YA	RBROUGH ((WIFE)	SAME	AS # 13	
/		8. CAUSE OF DE. PART I DEATH	ATH (Enter and	D DV	ne for (a), (b), and (c).)	0	23 0	ab and band a	1000	6 ELS	APPROXIMA BETWEEN ONS	ET AND DEATH
A P		1104		TE CAUSE (a)	Undetermin	Ca	diac Arr	chythmia				
GIENE	- 1	4 1/										
주오		1260	1.1	DUE TO, OI	R AS A CONSEQUENC							
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I, OR REMO			immediate	(b)		yperpl	asis of	artery	to bun	dle o	f His	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

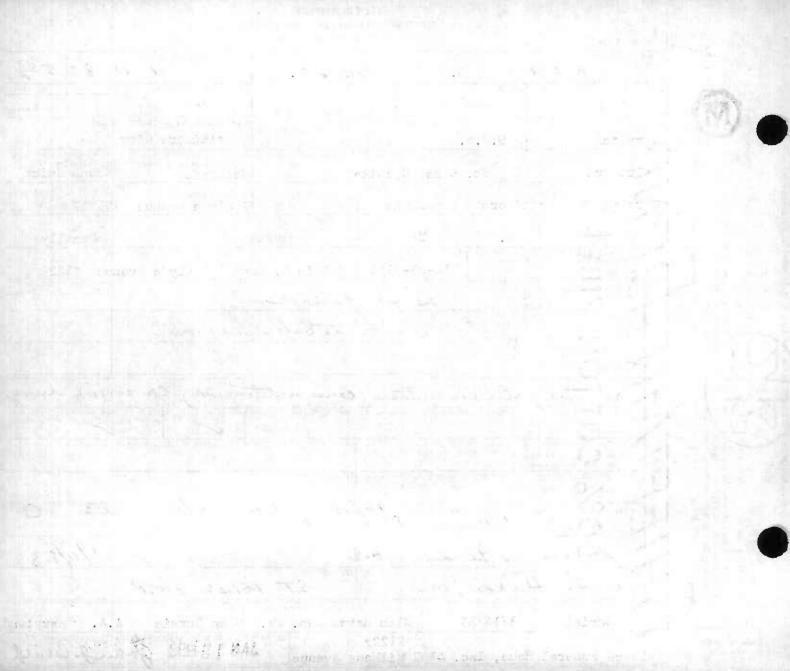
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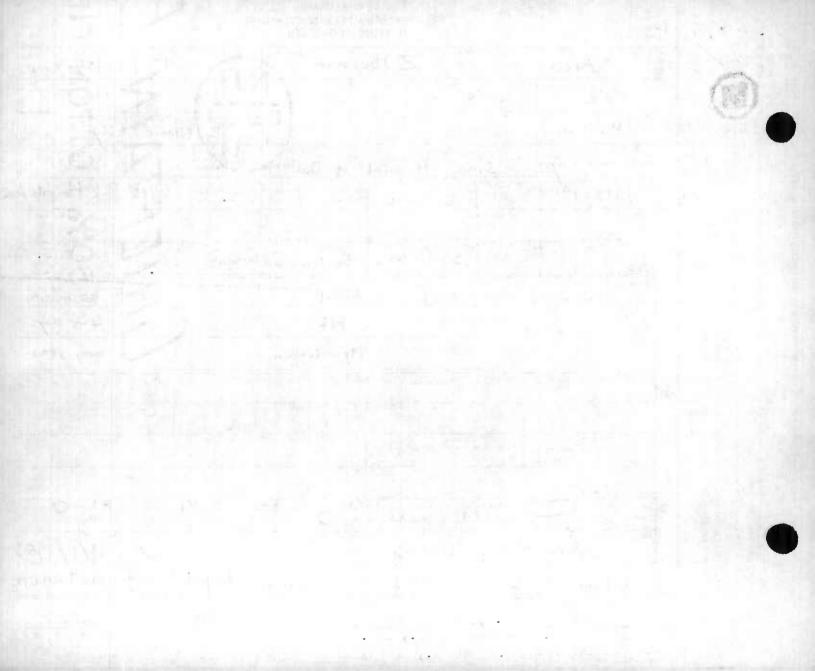
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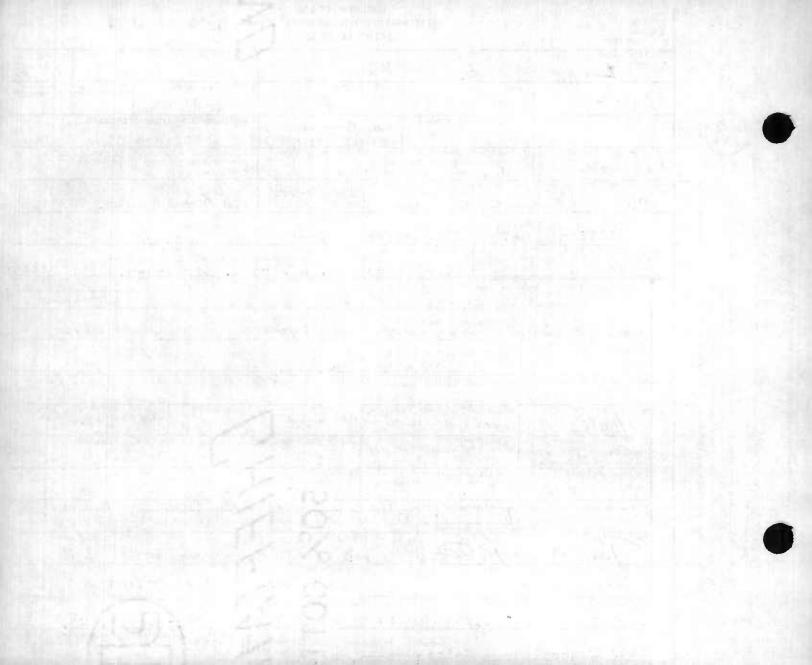
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. The India certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be file than and Mental Hygene prior to burial, cremation, or removal. The Ashaws any injury, or other traumatic event, the medical examine must being acked or them 18 shows any injury, or other traumatic event, the medical examine must being a content of the content of t		Conditions, if any, which gave rise to immediate	(b) tr		onary	artery by	pass			4 ho	'MS
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DEPARTMENT OF HEALTH AND MENTAL HYCIENE

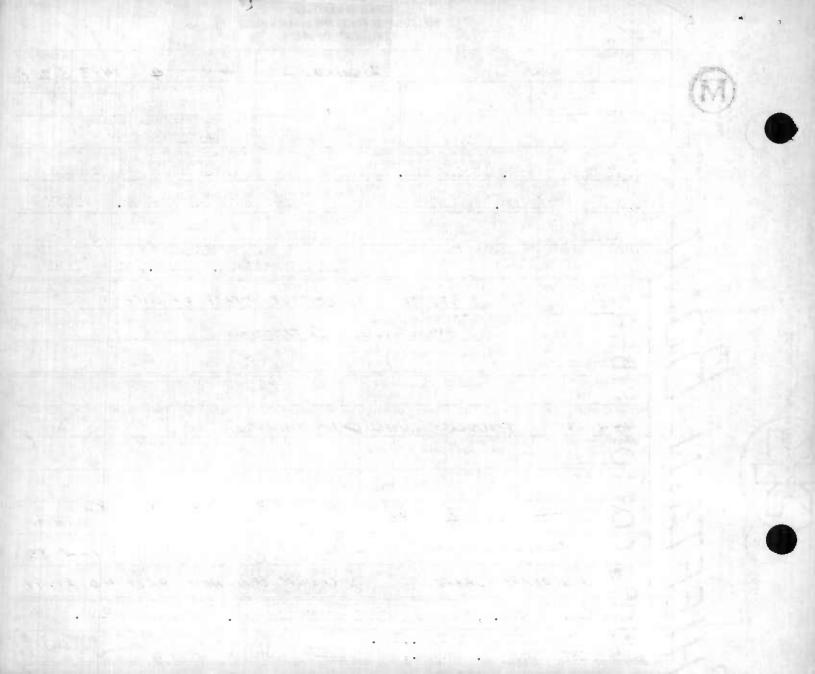
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21215

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR NETSTERSTOWN RD. BALTO., MD



1	C 10 1		500					OF MARYLAND	5) 2	0		d di
10		1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL H	YGIENE () REG.	NO	1 3	4
	m.s		CEASED NAME	FIRST	,	MIDDLE	ι	AS1	20. DATE OF DEATH		YEAR	26 HOUR
	ay be age 3 death			FRANC	2 4 4 4 4 4	GULD	ZUCKI		JANIJARY		NDER 1 YEAR	07:50AM
	for, p	3. SE	X EMALE		WHITE		JUNE		73	YRS.	THS DAYS	HOURS MIN.
4	: (M)		RTHPLACE (STATE OR FO	DREIGN 7	U. S.	WHAT COUNTR	MARRIEI	NEVER MARRIED				
			ITY OR TOWN OF DEA	TH 1	11. NAME OF	HOSPITAL, NURS	WIDOWE	D DIVORCED [12a USUAL OCCUPA	ORE CITY	126. KIND OF	MD. BUSINESS OR
100	1 11000	BA	LTIMORE		THE JO	HACILITY, GIVE STRI	PKTNS	HOSPITAL	SECRETAI	OF WORKING LIFE)	U. S	. GOV'T.
AND 212	filled in	13a M	ARY LAND	MONT	GOMERY	STLVER	SPRING	134. INSIDE CITY LIMITS?	13e. STREET ADDRES	ÎCE DRIVE	20	0901
MARYLAND	mpletely ond 2 sh	-	DOLPH	M	NODLE	GOLD		ANNÁ IRST	MIDDLE		EISN	Color Statement Color
BALTIMORE,	e execution ond co	16a N	WAS DECEASED EVER I		MED FORCES? WAR OR DATES)	166 SOCIAL SE 213-38-		ABRAHAM	T. ZUCKERMAN	PRESS9618 B N, SILVER	RUCE	DRIVE NG, MOSTL
201 W. PRESTON ST.,	ires that the death certificate gned by the ottending physic an please remove corban pape burial, cremotian, or removal, iry, or ather traumatic event, th		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediote lost.	DUE TO, O DUE TO, O (b) DUE TO, O	RAS A CONSEC RAS A CONSEC RAS A CONSEC	DUENCE OF	SRMS LN MM 160 C	YTIG IE	a 1(fm (¹ A)		AATE INTERVAL INSET AND DEATH
ECORD	law requi	CERTIFICATION	190 DATE OF OPERAT	US (ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20m AUTOPSY?	206. IF YES, W		
DIVISION OF VITAL RECORDS,	SICIAN: The ng physician certificate ha certificate ha crial-transit p entol Hygien frem 18 show		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	VES NO	_	OR PART 2)	NO []
VISION	or ottending After this e os the burn and Med or the or marked or the or	MEDICAL	WHILE NOT WHAT WORK	LE 🗍	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFIC	E. FARM, ETC)	211. LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
ā	spiral spiral control of Hee		220.1 certify that (1) sow the decease above, (1) (we) (d	this hospiti	ol) oftended the	e deceased from 17 19 after death.	839.01	d that in (my) (our) apinio	on death accurred on the	dote and hour or	d from the c	
U	HOSPITAL OR A ined by the hos FUNERAL DIREC vid be detached vihe Stote Dept.		226. SIGNATURE	16	Super RTO	rd 1	mp.	ATTENDING PHYSICIAN	DIRECTOR PHY		22L DATES	1/83
	TO HOSPITAL retorned by th TO FUNERAL should be detent with the Stote IMPORTANT:		Cliffor		5-00/	thar	ew La mr	Johns H	spkies Hos	DY "	Balto	SALTO MO
	BP	23e.	BURIAL, CREMATION,	REMOVAL	1/9/1	983 W	SHINGT	ON HEBREW CO	NGREGATTON	WASHIN	igton,	D. SC.
	DHMH - 16 50M 4/82	24. F	DOMALIOCIAR.	STEIN	HEBREW	MEMORI	AL FUNE	RAL HOME 250.	JAN 12 198	AR 25 REGISTRAL	R'S SIGN M	JRE WHILE
	(VRA 15, 4)		232 CARROL	I STR	EET. N.	W. WA	SHINGTO	$\mathcal{N}, \mathcal{V}, \mathcal{C}$	VIIII -			

Tiend & Olandres + saws Hope - s Hospitel . Think